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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036991 (3)

1. Corporation Name

NEUROBEHAVIORAL MEDICINE CENTRE OF BRADENTON, IN
C.



Principal Place of Business

3255 PINE VALLEY DRIVE
SARASOTA FL 34239

Mailing Address

3255 PINE VALLEY DRIVE
SARASOTA FL 34239-4330

3. Date Incorporated or Qualified
04/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 4360 Winners Circle #2824

Suite, Apt. #, etc.

22 Apt. #2824

City & State

23 Sarasota, FL

Zip

24 34238

Country
USA

2a. Mailing Address

26 4360 Winners Cir.

Suite, Apt. #, etc.

27 #2824

City & State

28 Sarasota, FL

Zip

29 34238

Country
USA

4. FEI Number

Pending

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOOD, JAMES D
1800 SECOND STREET
SUITE 850
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name
Jo A. Dvorak
82 Street Address (P.O. Box Number is Not Acceptable)
3545 Webber St., Ste 103
83
84 City
Sarasota FL 85 Zip Code
34239

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jo A. Dvorak

Jo A. Dvorak

4-25-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DVORAK, JO A
4845 50TH STREET, WEST, #1515
BRADENTON FL 34210

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

4360 Winners Circle, #2824
Sarasota, FL 34238

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Jo A. Dvorak

4-25-97

CR2E034 (9/96)