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Mar 12 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 # P96000041970 (0)

1. Corporation Name
ENDEAVORS IN NEUROLOGY, INC.



Principal Place of Business

Mailing Address

301 YAMATO ROAD
STE 3101
BOCA RATON FL 33431

301 YAMATO ROAD
STE 3101
BOCA RATON FL 33431-4923

3. Date Incorporated or Qualified

05/09/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4925 Sheridan St.

26 4925 Sheridan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Hollywood FL

28 Hollywood, FL

Zip

Country

Zip

Country

24 33021

25 BRN

29 33021

30 BRN

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAVERMAN, ARTHUR
301 YAMATO ROAD
STE 3101
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROSS, DAVID MD
STREET ADDRESS 301 YAMATO ROAD STE 3101
CITY-ST-ZIP BOCA RATON FL 33431

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD
NAME ZARET, BRUCE MD
STREET ADDRESS 301 YAMATO ROAD STE 3101
CITY-ST-ZIP BOCA RATON FL 33431

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME STEINBERG, JEFFREY MD
STREET ADDRESS 301 YAMATO ROAD STE 3101
CITY-ST-ZIP BOCA RATON FL 33431

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES
DAVID B. ROSS

Date

3/6/97

Daytime Phone #

X(954) 962-2778

CR2E034 (9/96)