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Jan 24 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 # P96000069333 (8)

1. Corporation Name
NORTH DADE NEUROLOGICAL CONSULTANTS, INC.



Principal Place of Business

1814 N.E. MIAMI GARDENS DR.
SUITE 406
N MIAMI BEACH FL 33179

Mailing Address

1814 N.E. MIAMI GARDENS DR.
SUITE 406
N MIAMI BEACH FL 33179-5036

3. Date Incorporated or Qualified
08/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

AELION & LOREN, P.A.
152 N.E. 187H ST.
FIFTH FLOOR
N MIAMI BEACH FL 33162

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

4. FEI Number

15-0691174

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

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and his/her title

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME BROWN, STEVEN
STREET ADDRESS 1814 N.E. MIAMI GARDENS DR. #406
CITY-ST-ZIP N MIAMI BEACH FL 33179

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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28.3 STREET ADDRESS
28.4 CITY-ST-ZIP

29.1 TITLE
29.2 NAME
29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

1/24/97

800002067368
-01/24/97--01014--056
***165.00

1-397
Steven B Brown MD 919-9008