

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088827 (6)
1. Corporation Name:

Space Coast Neurological Clinic, P.A.

Principal Place of Business: 699 Cocoa Beach Cswy #402
Cocoa Beach, FL 32932
Mailing Address: 699 Cocoa Beach Cswy #402
Cocoa Beach, FL 32932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1996

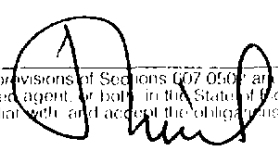
2. Principal Place of Business 21 699 Cocoa Beach Cswy Suite, Apt. #, etc. 22 #402 City & State 23 Cocoa Beach, FL Zip 24 32932	2a. Mailing Address 26 699 Cocoa Beach Cswy Suite, Apt. #, etc. 27 #402 City & State 28 Cocoa Beach Zip 29 32932	4. FEI Number 59-3403608 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

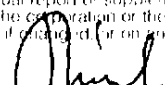
7	81 Name Joanne Link, MD, PhD 82 Street Address (P.O. Box Number is Not Acceptable) 699 Cocoa Beach Cswy #402 83 84 City Cocoa Beach FL 85 Zip Code 32932
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11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named 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:  5-20-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	MD, PhD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Link, Joanne
STREET ADDRESS		1.3 STREET ADDRESS	699 Cocoa Beach Cswy #402
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Cocoa Beach, FL 32932
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800002549268
STREET ADDRESS		6.3 STREET ADDRESS	-06/05/98--01085--014
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	***150.00

14. I 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:  JOANNE LINK, MD, Ph.D. (Pres.) 4/20/98 407-999-9373

CR2E034 (10/97)