~~2000~~ 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90639 002 ***150.00

DOCUMENT # P96000096606

1. Entity Name
Neuro Medical Management Group, INC

Principal Place of Business / Mailing Address
9715 W Broward Blvd
PMB 313
Plantation FL 33324

2. Principal Place of Business	3. Mailing Address
	9715 W Broward Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 313
City & State	City & State Plantation FL
Zip / Country	Zip 33324 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0724296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Floyd D Wilkenson
Street Address (P.O. Box Number is Not Acceptable): 11751 SW 1st Street
City: Plantation **FL** Zip Code 33325

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] Pres Floyd D Wilkenson 4 27 01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILKENSON Floyd	NAME	
STREET ADDRESS	11751 SW 1st Street	STREET ADDRESS	
CITY-ST-ZIP	Plantation FL 33325	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres Floyd D Wilkenson 4 27 01 954 6343400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #