Pg. 1 of 2

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED

97 AUG 13 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000097569 (3)**

1. Corporation Name
NEUROLOGICAL CENTER OF SOUTH FLORIDA-PARTNERS, INC.

Principal Place of Business	Mailing Address
8940 NORTH KENDALL DRIVE MIAMI FL 33176	8940 NORTH KENDALL DRIVE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1996
3a. Date of Last Report:
4. FEI Number: 65-0729261 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOBIN, WAYNE E 8940 N. KENDALL DRIVE MIAMI FL 33176	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002271127--2 -08/19/97--01040--010 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZWIBEL, HOWARD L 8940 N. KENDALL DRIVE MIAMI FL 33176	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APTMAN, MICHAEL 8940 N. KENDALL DRIVE MIAMI FL 33176	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition A. Alan 8/13/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/97)

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.

X _____ SIGNATURE REQUIRED Mark Mortin 8/12/97

NEUROLOGIC CENTER OF SOUTH FLORIDA
BOARD CERTIFIED NEUROLOGISTS

MICHAEL APTMAN, M.D.
CEREBROVASCULAR DISEASES

ENRIQUE J. CARRAZANA, M.D.
EPILEPSY
SLEEP DISORDERS

VICTOR FARADJI, M.D.
ELECTROMYOGRAPHY
NEUROLOGIC REHABILITATION

TIMOTHY L. GRANT, M.D.
SLEEP DISORDERS

STEVEN A. KOBETZ, M.D.
HEADACHE
SPINAL DISORDERS

DAVID A. RACHER, M.D.
MEMORY DISORDERS
MOVEMENT DISORDERS

WAYNE E. TOBIN, M.D.
PAIN
ELECTRODIAGNOSTIC MEDICINE

STEVE D. WHEELER, M.D.
HEADACHE
NEUROMUSCULAR DISEASES

HOWARD L. ZWIBEL, M.D.
MULTIPLE SCLEROSIS

RAFAEL RIVAS-VAZQUEZ, Psy.D.
CLINICAL NEUROPSYCHOLOGY

JOSEPH A. WEST, M.S., LMHC
BEHAVIORAL MEDICINE

JOSEPH E. BUSH, R.EEGT./C.N.I.M.
SENIOR TECHNOLOGIST

BIOFEEDBACK
ELECTROENCEPHALOGRAPHY
ELECTROMYOGRAPHY
EVOKED POTENTIALS
INTRAOPERATIVE MONITORING
NERVE CONDUCTION STUDIES
NEUROPSYCHOLOGY

BAPTIST MEDICAL ARTS BUILDING
8940 NORTH KENDALL DRIVE
SUITE 802-E
MIAMI, FL 33176
TELEPHONE (305) 595-4041
FAX (305) 595-6638

8/6/97

Division of Corp.
Annual Reports Section
PO Box 1500
Tallahassee, Fl.

Re: P96000097569

Dear Sir:

I received your annual report packet "2nd Notice". The original form was submitted 4/15/97. On questioning why I received a second notice, I was advised that the original form was returned on 4/21/97. I never received the form you returned. Your office has advised me to complete the enclosed form, completing box #4 + a new check for $165.00.

Thank you —
Rena Cooper
Office mgr.