CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101877 (4)

NEUROTECH MEDICAL DIAGNOSTIC INC.

Principal Plac	e of Business	Mailing	Address			I INDIVADU IND NEUR ENITE ERALL OCITA BI			
7369 B.W. 24TH STREET MIAMI FL 33155		7369 S.V	7369 S.W. 24TH STREET MIAMI FL 33155-1402						
						3. Date Incorporated or Qualified 12/10/1996	3a. Date o	f Last Rep	ort
2. Principal P	lace of Business	2a, Mai	iling Address			4. FEI Number	· 	Appli	ed For
21		26				65-0715310		Not A	pplicable
Suite, Apt.	#, etc.	Suit	le, Apl. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Add	
22		27	0.0					Fee Requ	
City & Stat	6	·	& State			6. Election Campaign Financing		\$5.00 м	
Zip	Country	28) Zip		Country	,	Trust Fund Contribution		Added to F	
24	25	29		30	•	8. This corporation has liability for Florida Statutes	Yes DN		99.032,
<u> </u>	g. Name and Address of		d Agent	1301		10. Name and Address of New F			
MAR	ITINEZ, JOSE			81	Name				
	5 N.W. 113 STREET			82	Ctroot /	Address (D.O. Roy Number in Not Assess	abla)		
	EAH GARDENS FL 3301	18		02	SHEEL	Address (P.O. Box Number is Not Accept	atrie)		
		-		83				·	
				84	City		FL 8	Zip Cod	de
11. Pursuant	to the provisions of Sections	s 607.0502 and 607.15	508, Florida Statuti	es, the abov	c-named	corporation submits this statement for the	nurnana al aba	nging its re	egistered
office or r	registered agent, or both, in im familiar with, and accept	the State of Florida. S	luch change was a ction 607.0505. Flo	authorized b orida Statule	y the corp s.	corporation's board of directors. I hereby acc	ept the appointr	nent as req	gistered
SIGNATURE	1 000 11	(// K)					4/17/9-	7	
DIGITALIDITE									
	Signature, typed or printed name of	grand title it appl		E: Registered Ag	oni signaturë	required when reinstating)	DATE		
12.	OFFIC	GA year and title it april CERS AND DIRECTOR	RS	13.	eni signature	required when reinstating) ADDITIONS/CHANGES TO OFF			
TITLE	OFFIC PD			13. 1.1 TITLE	oni signaturė				N 12 Addition
TITLE NAME	OFFIC PD MARTINEZ, JOSE	CERS AND DIRECTOR	RS	13. 1.1 TITLE 12 NAME					
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14. To 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 receive/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 or an appear with an address.

CIGNATURE:

4/17/97 (305)267-044

FILED

Apr 25 1997 8:00am

Secretary of State