

**CORPORATION  
ANNUAL REPORT  
1997**



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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P96000101877 (4)**

1. Corporation Name  
**NEUROTECH MEDICAL DIAGNOSTIC INC.**



Principal Place of Business  
**7369 S.W. 24TH STREET  
MIAMI FL 33155**

Mailing Address  
**7369 S.W. 24TH STREET  
MIAMI FL 33155-1402**

3. Date Incorporated or Qualified  
**12/10/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

**65-0715310**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINEZ, JOSE  
9115 N.W. 113 STREET  
HIALEAH GARDENS FL 33018**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jose Martinez*  
Signature, typed or printed name of registered agent and fill in if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **MARTINEZ, JOSE**  
STREET ADDRESS **9115 N.W. 113TH STREET**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE  
NAME **JARAMILLO, CARLOS A**  
STREET ADDRESS **6965 HARDING AVE., #301**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **LOPEZ, JACQUELINE R**  
STREET ADDRESS **3021 S.W. 77 COURT**  
CITY-ST-ZIP **MIAMI FL 33155**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *Jose Martinez*

**4/17/97 (305)267-0444**

CR2E034 (9/96)