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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000043940 (0)

SOUTHEAST ELECTRO-NEURODIAGNOSTICS, INC.

FILED Mar 03 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		I HEDRADO NO HEAL ICON CENN CON CON CON CONCORDA NING HAN OLDER CONC
		•	PUADA NAMA	' '
PLANTATION	DWARD BOULEVARD. #275	7027 W. Broward Boui Plantation FL 33317	LEVARD. #275	
PERMITTION VE 35517		PEANIATION PE 30017		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				05/19/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0749095 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Ζιp	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent
HEINZMAN, ROSS 10640 NORTH WEST 26TH PLACE SUNRISE FL 33322			81 Name	
			82 Street Add	ress (P.O. Box Number is Not Acceptable)
			63	
İ			84 City	log Z- O. d.
			64 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose of changing its registered
office of agent. I a	registered agent, or both, in the Sta im fa miliar with, and accept the obl	ate of Horida. Such change was a ligations of, Section 607,0505. Flo	iuthorized by the corpora irida Statutes	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	•			
GIGHATORE	Signature, typed or printed name of registered	agent and title if applicable (NOTE	: Registered Agent signature requ	rired when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	HEINZMAN, ROSS		1.2 NAME	
STREET ADDRESS	10640 NORTH WEST 26TH	PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	`
STREET ADDRESS			2.3 STREET ADDRESS	6 °
CITY-ST-ZIP	<u> </u>		2. 4 CITY~ST-ZIP	
TITLE	-	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADORESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	·
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADORESS	ł
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELET€	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	s.c.igs induitin
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
J 01 Em			0.7 OH 1 " DI " ZIF	

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 out an attachment with an address.

CICNATURE.

Rose P. Heway

2-27-98