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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Feb 18 1998 8:00am Convotory of State

	1998	DIVI	SION OF CORI	State PORATIONS	Secretary C	7 State
	MENT # P970 H FLORIDA NEURO TECH	00045977 H, INC.	7 (0)			FAT BANK 1814 1814 AKK 1866
Principal Plac	e of Business	Mailing Addres	ss		- I HODINGON HIÐ HOLKU LOGNI OGHHI GOLÍL GOLÍN BRHIN OM	OOL OOTHO LOUIN LOUIN KOON KOON KOON
130 SW 169 AVE		-	130 SW 169 AVE		}	
PEMBROKE PINES FL 33027			PEMBROKE PINES FL 33027		00.007.007.007.00	-0.4-
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
					05/21/1997	
2. Principal P	lace of Business	2a. Mailing Add	dress		4. FEI Number	Applied For
21	 	26			65-0758519	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23	·····	28	·		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	—	Country	6. This corporation owes or has paid the cu	
24	25 9, Name and Address of Cui	[29]	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
SH	HELLEY, JODI			81 Name	To. Harms allo Madieso of Mari Health	
	0 SW 169 AVE			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
PE	MBROKE PINES FL 33027			L_L	ress (1.0. Dox Humber is Not Acceptable)	
				83		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
				84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Flo	rida Statutes, th	e above-named corr	poration submits this statement for the purpose of	
office or r	egistered agent, or both, in the Si im familiar with, and accept the of	tate of Etorida. Such cha	incie was autho	rized by the corporat	tion's board of directors. I hereby accept the app	pointment as registered
			7 OSOS Elocida	Statutee		~)
	M. 1511	nigations of, Section 60	7.0505, Florida	Statutes.	2-12	2-98
SIGNATURE	Signalife typid or mided name of registered	t against and table of applicable	(NOTL Bogi	istered Agent signature requir		2-98
SIGNATURE	Signative by suid or annied name of registeres OF LICE RS	tingque au title if applicable AND DIRECTORS	(NOTL Rogi	istered Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	
SIGNATURE 12. TITLE	Signature proof or indeed name of impostures OFFICERS	tingque au title if applicable AND DIRECTORS	(NOTL Rogi	istered Agent signature requir 13.		D DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME	Signative by suid or annied name of registeres OF LICE RS	tingque and tale if applicable AND DIRECTORS	(NOTE Brigin	istered Agent signature requir		
SIGNATURE 12. TITLE	Signalific speed or indeed name of impatience OFFICE RS D SHELLEY, JODI	t append the dappende	(NOTL Bogi	istered Agent signature requir 13, 1.1 TITLE 1.2 NAME		
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indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Horida Statutes, Flurther certify that the informatio 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 of 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.

2-12-98 954441978