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Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049118 (7)

1. Corporation Name

NEUROLOGICAL NETWORK, INC.

Principal Place of Business

Mailing Address

1011 JEFFORDS ST.  
CLEARWATER FL 34616

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CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

59-3449998

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.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDRIOLA, MICHAEL J  
1011A JEFFORDS ST.  
CLEARWATER FL 34616

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ANDRIOLA, MICHAEL J	1.2 NAME	KARP, JEFFREY
STREET ADDRESS	1011A JEFFORDS ST.	1.3 STREET ADDRESS	3521 McMullen Booth Rd.
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	D	2.1 TITLE	D
NAME	VOLLBRACHT, ROBERT L	2.2 NAME	Macik, Bernard
STREET ADDRESS	1011A JEFFORDS ST.	2.3 STREET ADDRESS	3231 McMullen Booth Rd.
CITY-ST-ZIP	CLEARWATER FL 34616	2.4 CITY-ST-ZIP	Clearwater, FL 34695
TITLE	D	3.1 TITLE	D
NAME	LEBER, BARRY L	3.2 NAME	BARNHILL, JAMES
STREET ADDRESS	1011A JEFFORDS ST.	3.3 STREET ADDRESS	601 Main Street
CITY-ST-ZIP	CLEARWATER FL 34616	3.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	D	4.1 TITLE	
NAME	POLLOCK, DIANA L	4.2 NAME	
STREET ADDRESS	1011A JEFFORDS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SINOFF, STUART E	5.2 NAME	
STREET ADDRESS	1011A JEFFORDS ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SPIEGEL, ALAN M	6.2 NAME	
STREET ADDRESS	32615 US 19 N., STE. 7	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

*M. J. Andriola*

3-18-98 813  
4433245

CR2E034 (10/97)