

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

FILED
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 1011 JEFFORDS ST. CLEARWATER FL 34616	Mailing Address 1011 JEFFORDS ST. CLEARWATER FL 34616
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1997	
21	26	4. FEI Number 59-3449998		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDRIOLA, MICHAEL J 1011A JEFFORDS ST. CLEARWATER FL 34616				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, ALAN M	6.2 NAME	
STREET ADDRESS	32815 US 19 N., STE. 7	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34884	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: *Michael Andriola* 3-18-98 813 4433245

CR2E034 (10/97)