

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90020 029 \*\*\*150.00

DOCUMENT # P97000049118

1. Corporation Name  
NEUROLOGICAL NETWORK, INC.

Principal Place of Business  
1011 JEFFORDS ST.  
CLEARWATER FL 34616

Mailing Address  
1011 JEFFORDS ST.  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33756

33756

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 ☐ DELETE  
NAME KARP, JEFFREY  
STREET ADDRESS 3521 MCMULLEN BOOTH RD  
CITY-ST-ZIP CLEARWATER FL 34662

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME MICHAEL ANDRIOLA  
1.3 STREET ADDRESS 1011A JEFFORDS ST.  
1.4 CITY-ST-ZIP CLEARWATER FL 33756

TITLE D ☐ DELETE  
NAME MACIK, BERNARD  
STREET ADDRESS 3231 MCMULLEN BOOTH RD  
CITY-ST-ZIP CLEARWATER FL 34695

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BARNHIL, JAMES  
STREET ADDRESS 601 MAIN STREET  
CITY-ST-ZIP DUNEDIN FL 34698

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME POLLOCK, DIANA L  
STREET ADDRESS 1011A JEFFORDS ST.  
CITY-ST-ZIP CLEARWATER FL 34616

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SINOFF, STUART E  
STREET ADDRESS 1011A JEFFORDS ST.  
CITY-ST-ZIP CLEARWATER FL 34616

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SPIEGEL, ALAN M  
STREET ADDRESS 32615 US 19 N., STE. 7  
CITY-ST-ZIP PALM HARBOR FL 34684

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

727 443 3295

Date

Daytime Phone #

CR2E034 (11/98)

0413307