SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

ANNL	PROFIT RPORATION JAL REPORT 1998	Sandra I	RTMENT OF STATE  B. Mortham  ary of State  CORPORATIONS	
1. Corporatio	MENT # <b>P9700</b> 0	0066685 (3)		
NEUROS	SURGICAL CARE NETWORK	K, INC.		
Principal Plac	e of Business	Mailing Address		
1524 S.W. 5TH	STREET	1524 S.W. 5TH STREET		
ft Lauderdai	LE FL \$3312	FT LAUDERDALE FL 33312	2	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
		organisa (markan sangar sa		08/01/1997
2. Principal P	Place of Business	28. Mailing Address 26. 1605 S.W. 4 COURT		4, FEI Number Applied For 65 - 0813856 Not Applied able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1 0027	S8 75 Addition
2		27		5. Certificate of Status Desired Fee Required
City & Stat	- 4	City & State 28 FT LAUDERA	DALE , FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
3  <i>たナ ム/</i> Zip	AUDERDALE, FL.	Zip	Country	8. This corporation owes or has paid the current year Intangible
3337	12 25 05	29 333/2	30 US	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent	B1 Name	10. Name and Address of New Registered Agent
	LLER, AILEEN			
	I S.W. 5TH STREET AUDERDALE FL 33312			ress (P.O. Box Number is Not Acceptable)  S.W. 4 COURT
	MODELIDARY I F 000 IS		83	J.W. 1 COOK
			84 City	85 Zin Code
11. Pursuan	It to the provisions of sections 607,05	02 and 607 1508, Florida Statut	or the above pamed corn	PUDERDALE FL 85 Zip Code 333/2 oration submits this statement for the purpose of changing its registered
office or	t to the provisions of sections 607.050 registered agent, or both, in the Stat ann familiar with, and accept the obliging the state of the section of the se	te of f lorida. Such change was gations of, section 607.0505, Fl	es, the above-named corporate authorized by the corporate	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered quired when reinstating)  DATE
office or agent, I SIGNATURE 12.	registered agent, or both, in the Stat am familiar with, and accept the oblin Signature, typed or printed name of registered ap OFFICERS A	te of Florida. Such change was gations of, section 607.0505, Florid and title if applicable (N	es, the above-named corps authorized by the corporational Statutes.  OTE Registered Agent signature records.	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered quired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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alex Stalles ANEXN STALLER 7/30/96 (954) 985-1490