PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCA	MENI # P9800	000876	3			\		
1. Corporatio	n name							
GLINICA	L NEUROSCIENCE INSTIT	UIE, INC.				ı ibaşleni ilə 2010; 1846 68(1) Ağlıl Gölli Öğli		ANTENNI ITTI
	`.							
Principal Plac	e of Business	· Mailing Add	dress				1 MB1 B1 17 ITH 19011	(0)169 His 1086
1516 VENERA	•	1516 VENER						
CORAL GABLE			NES FL 33146			00 107 1107 11 711		
						DO NOT WRITE IN THI	SSPACE	
	•					3. Date Incorporated or Qualifed		
Principal Place of Business						01/28/1998 4. FEI Nymber	Ar	polied For
21 Phincipal P	race of business	26 Walking	MODIESS			65-0808056		ot Applicable
Sulte, Apt.	#. etc.		ot. #, etc.					Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
- City & Stat	le :- Same and and a	City & S	State			6. Election Campaign Financing		May Be
23	<u>:</u>	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	i	Cou	ntry	8. This corporation owes the current year in		₩ No
24	25	29		30		Personal Property Tax. 10. Name and Address of New Registered	☐ Yes	TRIAO
	9. Name and Address of Curr	ent Registered Ag	ent.		81 Name	14. Mattie Bild Montess of Man Vallatera	guist	-
HER	IMAN, LARRY M			Į				
1516 VENERA AVENUE					82 Street Add	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33146					83			
		•		ļ			las las	0-4-
	•				84 City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508,	Florida Statute	s, the at	ove-named corp	poration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State	e of Florida, Such	change was au 607,0505. Flori	rthorized ida Stati	by the corporation	on's board of directors. I hereby accept the appoint	on as remment	gisterea
SIGNATURE	in terminal with the proops are only	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SIGNATURE	Signature, typed or printed name of registered s		(NOTE:		Agent signature require		NO DIDECTO	DC (N 42
12.		AND DIRECTORS	□ ot: ett	13.	-	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PSTD		☐ DELETE	1.1 111	•		□ ourside	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	HERMAN, LARRY M			1.2 NA				
STREET ADDRESS	11759 S.W. 102 STREET MIAMI-FL 33186	•			REET ADDRESS			
CITY-ST-ZIP	VP		DELETE	21 TI	Y-ST-ZIP		Change	Addition
TITLE NAME	HERMAN, LARRY M			2.2 NA	1			_
	AAREA AME AAA ATTIFFET				EET ADDRESS			
STREET ADDRESS	MIAM) FL 33186				Y-ST-ZIP			
CITY-ST-ZIP								
NAME			DELETE	3.1 TII			☐ Change	Addition
	l. <u></u>		DETELE	3.1 TT 3.2 NA	ÚĒ.		Change	Addition
STREET ADDRESS			DELETE	. 32 NA	ÚĒ.		Change	Addition
			DETELLE	32 NA 33 ST	WE		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	32 NA 33 ST	WE_ REET ADORESS Y-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP				32 NA 33 STI 34. CF	WE_ REET ADDRESS IV-ST-ZIP			
CITY-ST-ZIP		2 -		32 NA 33 STI 34. CF 4.1 TTI 4.2 NA	WE_ REET ADDRESS IV-ST-ZIP			
CITY-ST-ZIP TITLE NAME			☐ DELETE	32 NA 33 STI 34 CF 4.1 TTI 4.2 NA 4.3 STI 4.4 CF	JE JEST ADDRESS V-ST-ZIP JE ME REET ADDRESS V-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				32 NA 33 STI 34 CF 4.1 TTI 4.2 NA 43 STI 44 C/T 5.1 TTI	LE ME _ REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS Y- ST-ZIP LE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	32 NA 33 STI 34 CF 4.1 TIT 4.2 NA 4.3 STI 4.4 CF 5.1 TIT 5.2 NA	LE ME _ REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS Y- ST-ZIP LE		☐ Change	Addition
CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	32 NA 33 STI 34. CF 4.1 TII 4.2 NA 4.3 STI 4.4 CF 5.1 TIF 5.2 NA 5.3 STI	LE ME _ REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	32 NA 33 STI 34 CF 4.1 TII 4.2 NA 4.3 STI 4.4 CF 5.1 TII 5.2 NA 5.3 STI 5.4 CF	LE ME REET ADDRESS ME ME REET ADDRESS Y-ST-ZIP LE ME M		☐ Change	Addition
CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	32 NA 33 STI 34 CF 4.1 TII 4.2 NA 4.2 STI 5.1 TII 5.2 NA 5.3 STI 5.4 CT 6.1 TIT	LE ME REET ADDRESS ME ME		☐ Change	Addition
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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.

<u>sa arcuned</u>

RE AND DATED OR PROSTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

STREET ADDRESS

305-6627700

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90069 038 ***150.00

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