AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Katherine Harris

Jul 27, 1999 8:00 am Secretary of State 07-27-1999 90027 003 ***150.00

1	1999 🔏		DIVISION OF				
	MENT # POROC	00199	771				
NEURO LIMITED, INC.					- TOOO - ACORDO		
Principal Place	e of Business	Mailing /	Address			i freitänt tit iffiet iffit beit anter anter anter	0 (81 (1919 (91) B.48) to 1981, 1981, 1981
706 TOURNAMENT ROAD 706 TOURNAMENT ROAD							
PONTE VEDRA	A BEACH FL 32082	PONTE	VEDRA BEACH F	L 32082		DO NOT WRITE IN TH	IS SPACE
						3. Date Incorporated or Qualified	
						03/03/1998	
Principal Place of Business		2a. Mailing Address				59-3496665	Applied For
<u></u>		26				54-37 16663	Not Applicable
Suite, Apt.	#, etc.	Sulte 27	, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
 City & State 	<u></u>		& State		_ =-=	e. Election Campaign Financing	\$5.00 May Be
3		28				Trust Fund Contribution	Added to Fees
Zip J	Country	Zip 29	,	Country		This corporation owes the current year Intangible Personal Property.	Yes No
	9. Name and Address of Curr		Agent	130		10. Name and Address of New Registers	d Agent
				81	Name		
	ERILAWYER					ress (P.O. Box Number is Not Acceptable)	
•	ALMERIA AVENUE						
COL	RAL GABLES FL 33134		83 84 CI				
				84	City		85 Zip Code
II. Pursuant office or (agent. I a	t to the provisions of sections 607.05 registered agent, or both, in the Streem familiar with, and accept the ob-	502 and 607.150 ate of Florida. Su ligations of, secti	8, Florida Statut ich change was ion 607.0505, Fl			pration submits this statement for the purpose of ion's board of directors. I hereby accept the app	L
SIGNATURE .	Signature, typed or printed name of registered a	igent and 650 if applica	cie. (N	es, the above- authorized by orida Statutes	named corporat	pration submits this statement for the purpose of ion's board of directors. I hereby accept the apparent when releasing)	changing its registered ointment as registered
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR