


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19, 1999 8:00 am
Secretary of State
08-19-1999 90008 038 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000075771

1. Corporation Name
WEST BROWARD NEUROLOGICAL CONSULTANTS, INC.

Principal Place of Business
**7900 N.W. 33RD STREET
DAVIE FL 33024**

Mailing Address
**7900 N.W. 33RD STREET
DAVIE FL 33024**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1998

4. FEI Number
65-0870871

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

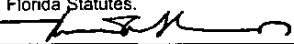
Zip
29

Country
30

9. Name and Address of Current Registered Agent
**FRANK, ANDREW
7900 N.W. 33RD STREET
DAVIE FL 33024**

10. Name and Address of New Registered Agent
**81 Name SUITE, NICHOLAS D.
82 Street Address (P.O. Box Number is Not Acceptable) 7900 NW 33 St
83 SUITE 104
84 City DAVIE FL 85 Zip Code 33024**

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 **NICHOLAS D. SUITE, PRESIDENT**  **7/15/99**
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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANK, ANDREW M.D.		1.2 NAME NICHOLAS D. SUITE	
STREET ADDRESS 7900 N.W. 33RD STREET		1.3 STREET ADDRESS 7900 NW 33 St	
CITY-ST-ZIP DAVIE FL 33024		1.4 CITY-ST-ZIP DAVIE FL 33024	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUITE, NICHOLAS D M.D.		2.2 NAME	
STREET ADDRESS 7900 N.W. 33RD STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL 33024		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **7/15/99** **954-441-6041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)