

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 29, 1999 8:00 am  
Secretary of State

04-29-1999 90047 006 \*\*\*150.00

DOCUMENT # P98000080171

1. Corporation Name  
NEURO ACQUISITION, INC.

Principal Place of Business  
2255 GLADES RD., STE. 416-A  
BOCA RATON FL 33431

Mailing Address  
2255 GLADES RD., STE. 416-A  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

65-0863969

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  
21 9000 Medical Partners

2a. Mailing Address  
26 9000 Medical Partners

Suite, Apt., #, etc.  
22 2255 Glades Road, Suite 219A

Suite, Apt., #, etc.  
27 2255 Glades Road, Suite 219A

City & State  
23 Boca Raton, FL

City & State  
28 Boca Raton, FL

Zip  
24 33431

Zip  
29 33431

Country  
25

Country  
30

9. Name and Address of Current Registered Agent

HARRIS, PETER H  
2255 GLADES RD., STE. 416-A  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Harris, Peter H, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 9000 Medical Partners, Inc.  
84 2255 Glades Road, Suite 219A  
85 City Boca Raton FL 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

TITLE D ☐ DELETE  
NAME PECK, DAVID  
STREET ADDRESS 2255 GLADES RD., STE. 416-A  
CITY-STATE-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE  
NAME JOHNSON, DARYL P  
STREET ADDRESS 2255 GLADES RD., STE. 416-A  
CITY-STATE-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Peck, David G  
1.3 STREET ADDRESS 2255 Glades Road, Suite 219A  
1.4 CITY-STATE-ZIP Boca Raton, FL 33431

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Johnson, Daryl P  
2.3 STREET ADDRESS 2255 Glades Road, Suite 219A  
2.4 CITY-STATE-ZIP Boca Raton, FL 33431

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Johnson, Fred J  
3.3 STREET ADDRESS 2255 Glades Road, Suite 219A  
3.4 CITY-STATE-ZIP Boca Raton, FL 33431

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Harris, Peter H  
4.3 STREET ADDRESS 2255 Glades Road, Suite 219A  
4.4 CITY-STATE-ZIP Boca Raton, FL 33431

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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

Date

Daytime Phone #

CR2E034 (11/98)

0370705