

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080171

1. Entity Name

NEURO ACQUISITION, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90096 043 \*\*\*150.00

Principal Place of Business

C/O OMNAMEDICAL PARTNERS  
2255 GLADES RD. #219A  
BOCA RATON FL 33431  
US

Mailing Address

C/O OMNAMEDICAL PARTNERS  
2255 GLADES RD. #219A  
BOCA RATON FL 33431-7391  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0863969**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, PETER H - OMNAMEDICAL PARTNERS  
2255 GLADES RD., STE. #219A  
C/O OMNAMEDICAL PARTNERS  
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, DAVID	
STREET ADDRESS	2253 GLADES RD STE 219A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DARYL P	
STREET ADDRESS	2253 GLADES RD STE 219A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PUTNOY, FRED J	
STREET ADDRESS	2253 GLADES RD, STE 219A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HAMS, PETER H	
STREET ADDRESS	2253 GLADES RD STE 219A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Putnoy, Fred	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Peter	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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 (9/99)