

FILED

Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90095 023 ***150.00

DOCUMENT # P99000049623

1. Entity Name

R H NEURO SERVICES INC.

Principal Place of Business

Mailing Address

1785 WEST 72ND STREET
HIALEAH FL 330141785 WEST 72ND STREET
HIALEAH FL 33014-4465

801678

2. Principal Place of Business

3. Mailing Address

1790 W. 49 ST. #400-2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah

Zip
FL

Country

33012

Zip

Country

4. FEI Number

65-0923607

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

HERNADEZ, JOSE R
1785 WEST 72ND STREET
HIALEAH FL 33014

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 State10. 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 ☐ Delete
NAME HERNADEZ, JOSE R
STREET ADDRESS 1785 WEST 72ND STREET
CITY-ST-ZIP HIALEAH FL 33014TITLE P. T. D ☐ Change ☐ Addition
NAME HERNANDEZ, JOSE R.
STREET ADDRESS 1785 W. 72ND ST
CITY-ST-ZIP Hialeah, FL 33014TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CH2E034 (9/99)