2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 18, 2001 8:00 am Secretary of State DOCUMENT # P99000055807 05-18-2001 91600 034 ***150.00 **NEURO TESTING, INC.** Principal Place of Business Mailing Address 1327 PINEBROOK WAY 1327 PINEBROOK WAY VENICE FL 34292 VENICE FL 34292 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0933676 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent Name HANNON, HOLLY E Street Address (P.O. Box Number is Not Acceptable) 1327 PINEBROOK WAY VENICE FL 34292 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00. Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Detete TITLE HANNON, HOLLY NAME NAME 1327 PINEBROOK WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-7IP ☐ Addition Change **X** Delete TITLE TITLE TOLEDO, OSVALDO NAME NAME 1327 PINEBROOK WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP Change VICE-PRESIDENT ☐ Addition Delete TITLE TITLE SALVIA, ROBERTO SALVIA, ROBERTO NAME NAME 1327 PINEBROOK WAY 1327 PINEBROOK WAY STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

5. 1-01 941-480-9729
Date Dayling Phone #

FILED