FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # S01699**

(5)

NORTH BROWARD NEURODIAGNOSTICS, INC.

Principal Place of Business Mailing Address 1335 SOUTH STATE ROAD 7 1335 SOUTH STATE ROAD 7 NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068-4023 3a. Date of Last Report 3. Date Incorporated or Qualified 09/24/1990 06/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0218650 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILCHMAN, HOWARD J. 5310 NW 33 AVENUE, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 83 City Zip Code 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 Signature, typed or printed hall a of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE THUE **AQUINO, ANTHONY** NAME 1.2 NAME 1335 SO. STATE ROAD 7 STREET ADDRESS 1.3 STREET ADDRESS NO. LAUDERDALE FL CITY: \$1- ZIF 14 CITY-ST-ZIE DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS SURFEL ADDRESS CITY ST 2. 4 CITY-ST-ZIP DELETE Change Addition THUE 3 1 TITLE 32 NAME STREET AUDRESS **33 STREET ADDRESS** 3.4. CITY - ST - ZIP CITY-SI DELETE ☐ Change ☐ Addition THILE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIF DELETE Change Addition 5.1 TiTLE TIRE NAME 5.2 NAME STHEET ACODRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP CITY ST-ZiP

SIGNATURE:

TITLE

NAME

STREET ACORESS

011 Y - \$1 - 71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter for an attack part with an address.

FILED

Apr 22 1997 8:00am

Secretary of State

Change

Addition