

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13316 (2)

1. Corporation Name

VITAL NEURODIAGNOSTIC SERVICES, INC.

Principal Place of Business

P.O. BOX 1712
OCALA FL 34478
US

Mailing Address

P.O. BOX 1712
OCALA FL 34478
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/06/1990

3a. Date of Last Report
06/07/1994

4. FEI Number
59-3032616

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **1021 S.W. 17th Street**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Ocala, FL

28 City & State

24 Zip **34474** 25 Country **U.S.**

29 Zip **34474** 30 Country **U.S.**

9. Name and Address of Current Registered Agent

**FAKHOURY, EMAD, A, F
1021 SW 17TH ST
OCALA FL 32874**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PMD
NAME	FAKHOURY, EMAD, A, F
STREET ADDRESS	1021 SW 17TH ST
CITY - ST - ZIP	OCALA FL
TITLE	TSD
NAME	FAKHOURY, MUNA M
STREET ADDRESS	1021 SW 17TH ST
CITY - ST - ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emad Fakhoury

4/28/95

Date

(904) 351-3398

Telephone (Area #)