

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

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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S17951** (2)

1. Corporation Name
NEURO-ELECTRO DIAGNOSTICS, INC.

Principal Place of Business
**4180 BELFORT RD.
SUITE 200
JACKSONVILLE FL 32216
US**

Mailing Address
**4180 BELFORT RD
STE 200
JACKSONVILLE FL 32216-5891
US**

3. Date Incorporated or Qualified **11/27/1990** 3a. Date of Last Report **06/21/1996**

4. FEI Number **59-3020711** 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. **185 S. LAWRENCE BLVD**
Suite, Apt. #, etc.

22. **FL**
City & State

23. **32656**
Country

24. **CLAY**
Country

2a. Mailing Address
26. **PO BOX 1520**
Suite, Apt. #, etc.

27. **FL**
City & State

28. **32656**
Country

29. **CLAY**
Country

10. Name and Address of New Registered Agent

81. Name **OMA FISHER**
82. Street Address (P.O. Box Number is Not Acceptable) **185 S. LAWRENCE BLVD.**
83. **FL**
84. City **KEYSTONE HEIGHTS** 85. Zip Code **32656**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, DON	
STREET ADDRESS	4190 BELFORT RD, SUITE 200-NED	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAITLAND, KIM	
STREET ADDRESS	4190 BELFORT RD. SUITE 200-NED	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, A.C.	
STREET ADDRESS	4190 BELFORT RD., SUITE 200-NED	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	FISHER, OMA	
STREET ADDRESS	4190 BELFORT RD., SUITE 200-NED	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: 3/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Day and Time #

CR2E034 (9/96)