

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 PM 9:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S25375 (4)
1. Corporation Name
NEURO-ORTHOPEDICS PROFESSIONAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**8335 SW 40 STREET
MIAMI FL 33155
US**

Mailing Address
**8335 SW 40 STREET
MIAMI FL 33155
US**

3. Date Incorporated or Qualified
01/16/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0236673

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 (132) Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**RUIZ, ROSARIO A.
8335 SW 40 STREET
MIAMI FL 33155**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	RUIZ, ROSARIO A	8335 SW 40 STREET	MIAMI FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	Change	Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	☐	☐
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP	☐	☐
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	☐	☐
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	☐	☐
61. TITLE	62. NAME	63. STREET ADDRESS	64. 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 119.07(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

Rosario Ruiz
Rosario Ruiz

4/28/95 (305) 856-7411