FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S61869** **(1)**

1. Corporation Name

NEURO TESTING OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
11750 SW 16TH ST. SUITE 520 MIAMI FL 33175-1634	11750 SW 16TH ST. SUITE 520 MIAMI FL 33175-1634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1991**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 — 27
City & State — 23 — 28
Zip — 24 — County — 25 — Zip — 29 — County — 30

4. FEI Number: **65-0261453** ☐ 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

7. Is this corporation actually conducting business in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORREDOR, CRISTOBAL P.
8500 NW 8TH ST.
APT. #210
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: CORREDOR, CRISTOBAL P.
82 Street Address (P.O. Box Number is Not Acceptable): 4565 SW 132 COURT
83
84 City: MIAMI FL 85 Zip Code: 33175

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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. The 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] 5/17/95
(Appointed Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. Title	DPS	1. Title	DPS ☒ Change ☐ Addition
1. Name	CORREDOR, CRISTOBAL P.	1. Name	CORREDOR, CRISTOBAL P.
1. Street Address	8500 NW 8TH ST. APT #210	1. Street Address	4565 SW 132 COURT
1. City, St, Zip	MIAMI FL	1. City, St, Zip	MIAMI, FL 33175
2. Title	VTD	2. Title	VPTD ☒ Change ☐ Addition
2. Name	CORREDOR, ERNESTO	2. Name	CORREDOR, ERNESTO
2. Street Address	6301 SW 156 COURT	2. Street Address	6301 SW 156 COURT
2. City, St, Zip	MIAMI FL	2. City, St, Zip	MIAMI, FL
3. Title		3. Title	☐ Change ☐ Addition
3. Name		3. Name	
3. Street Address		3. Street Address	
3. City, St, Zip		3. City, St, Zip	
4. Title		4. Title	☐ Change ☐ Addition
4. Name		4. Name	
4. Street Address		4. Street Address	
4. City, St, Zip		4. City, St, Zip	
5. Title		5. Title	☐ Change ☐ Addition
5. Name		5. Name	
5. Street Address		5. Street Address	
5. City, St, Zip		5. City, St, Zip	
6. Title		6. Title	☐ Change ☐ Addition
6. Name		6. Name	
6. Street Address		6. Street Address	
6. City, St, Zip		6. City, St, Zip	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: [signature] 5/17/95 (305) 665-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0191358 CF