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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DIACH	MENT # SE Name NAME NAME NOSTIC/NEURO TES	64090	(1)						
		TING, INC.							
Principal Place	of Business	Mailin	g Address				II OFOIA ODIND IDAI	IN BANK BIBIR BABAK BIBIK B	KETT OTOTE OTOTE (400)
8000 SOUTHWEST 67TH AVENUE MIAMI FL 33143			8000 SOUTHWEST 67TH AVENUE MIAMI FL 33143						
						 Date Incorporated 07/03/1991 		3a. Date of Last 05/01/1	
2. Principal Pla	ace of Business	2a. Ma	ailing Address			4. FEI Number	·-· ·		Applied For
Suite, Apt.	#. etc.		O THEODOR	6 7'2	1LUER	65-028226	35		Not Applicable
2			445	BIASE	20.08	5. Certificate of State	is Desired		75 Additional e Required
City & State)		ty & State		279	6. Election Campaign	n Financiryo		.00 May Be
3		28	HIAMI	tr		Trust Fund Contril	.,		ded to Fees
Zip	Country	Zış		Country	/	8. This corporation h	ias liability for i		*
4	9. Name and Address	of Current Registers	33165	30		Florida Statutes	₩ Yes	□ No	
	e, manu and Addies	o. ourient negistere	M Agent	81	Namo	10. Name and Addr	ess of New R	legistered Agent	
RIBRAK	DR. BARRY N				312	UER THE	DORE	<u> </u>	
	N 67 AVE			82	Street Addre		Not Acceptab	le)	
	L 33143			83	l .		<u> </u>		
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				84	,			F1 85	210 Code 3316.5
14 Dura	a the provisions of Continue							!!_ l	22163
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or registere familiar wit	o the provisions of Sections ed agent, or both, in the Sta h, and accept the obligation	: 607.0502 and 607.15 ite of Florida: Such ch. is of, Section 607.050.	i08, Florida Statute ange was authorize 5, Florida Statutes	es, trie above i ad by the corp	named corpora oration's board	ation submits this statemi d of directors. Thereby ac	ent for the pur scept the appo	pose of changing its pintment as register	s registered office ed agent. Lan
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oarri, mar Fam an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my number appears in Block 12 or Block 13 or Block 13 or an altrustration an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cash

Dayle or Frence #