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FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S83625

(1)

1. Corporation Name

NEURO HEALTHCARE, INC.

Principal Place of Business

137 S.W. 136 PL
MIAMI FL 33184

Mailing Address

137 S.W. 136 PL
MIAMI FL 33184-1013

3. Date Incorporated or Qualified

09/30/1991

3a. Date of Last Report

01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number

65-0287401

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'ALERTA, RENE
137 SW 136 PL
MIAMI FL 33184

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1618, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 agree to comply with the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-97

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 DELETE

1.6 TITLE

1.7 NAME

1.8 STREET ADDRESS

1.9 CITY-ST-ZIP

1.10 DELETE

1.11 TITLE

1.12 NAME

1.13 STREET ADDRESS

1.14 CITY-ST-ZIP

1.15 DELETE

1.16 TITLE

1.17 NAME

1.18 STREET ADDRESS

1.19 CITY-ST-ZIP

1.20 DELETE

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 DELETE

1.26 TITLE

1.27 NAME

1.28 STREET ADDRESS

1.29 CITY-ST-ZIP

1.30 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 DELETE

1.6 TITLE

1.7 NAME

1.8 STREET ADDRESS

1.9 CITY-ST-ZIP

1.10 DELETE

1.11 TITLE

1.12 NAME

1.13 STREET ADDRESS

1.14 CITY-ST-ZIP

1.15 DELETE

1.16 TITLE

1.17 NAME

1.18 STREET ADDRESS

1.19 CITY-ST-ZIP

1.20 DELETE

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 DELETE

1.26 TITLE

1.27 NAME

1.28 STREET ADDRESS

1.29 CITY-ST-ZIP

1.30 DELETE

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 or person in charge of the corporation or the receiver or trustee or person in charge of the corporation; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

Date

(305) 447-1155

Daytime Phone #

0249066

CR2E034 (9/96)