

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # S89468 (0)

1. Corporation Name

NEURORESTORATION PROGRAMS, INC.

Principal Place of Business

9660 W SAMPLE RD
CORAL SPRINGS FL 33065

Mailing Address

9660 W SAMPLE RD
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified
10/24/1991

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

21 3323 W. Commercial Blvd #105

2a. Mailing Address

26 SAME

4. FEI Number

65-0297474

Applied For

Not Applicable

22 Suite, Apt. #, etc.

23 Ft. Lauderdale FL

27 Suite, Apt. #, etc.

28 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

33309 US

29 Zip

30 Country

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

SPEAR, GARRY R.
9660 W. SAMPLE RD
THIRD FLOOR
CORAL SPRINGS FL 33065

81 Name

SAME

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

1280 W. Palmetto Park Rd

83 #204

84 City

Boca Raton

FL

85 Zip Code

33423

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME TYSON, RICHARD
STREET ADDRESS 9660 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE
NAME GOLDSTEIN, BARRY
STREET ADDRESS 9660 W SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE P ☒ DELETE
NAME TYSON, RICHARD
STREET ADDRESS 9660 W SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VP ☐ DELETE
NAME GOLDSTEIN, BARRY
STREET ADDRESS 9660 W SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME MILLER, DOUGLAS A.
1.3 STREET ADDRESS 3323 W. Commercial Blvd., #105
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

2.1 TITLE BVST ☒ Change ☐ Addition
2.2 NAME GOLDSTEIN, BARRY
2.3 STREET ADDRESS 3323 W. Commercial Blvd., #105
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 100001795581 ☐ Change ☐ Addition
5.2 NAME -04/26/96--01038--010
5.3 STREET ADDRESS ***200.00
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

Doug Miller, President 3-19-96 (954) 733-0707

CR2E034 (12/95)