PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90019 020 ***150.00

DOCOMENT	#	S92212
1. Comoration Name		

DIMENSIONS NEURO LAB, INC.

Principal Place	e of Business	Mailing Addre	ess				 4.4		- ~ ~
1800 W 49TH S	STREET	1800 W 49TH	STREET					~	
324 M HIALEAH FL=33	012	324 M HIALEAH FL 3	3013			DO NOT WRI	TE IN THIS	SPACE	
US	012	US	301Z			3. Date Incorporated or Qualifed			
						11/05/1991			
<u> </u>	lace of Business	2a. Mailing A	ddress			4. FEI Number			Applied For
21		26				65-0290911		<u></u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	:. #, etc.			5. Certifcate of Status Desired			Additional Required
City & Stat	Ð	City & Sta	ate			6. Election Campaign Financing		\$5.0	May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	_	Country		8. This corporation owes the curr	ent year Inta		_
24	25]	29]	30	<u> </u>		Personal Property Tax.		☐ Yes_	□No
	9. Name and Address of Cur	rent Registered Age	nt		l	10. Name and Address of New I	Registered	Agent	
NJI IN	IEZ OCWALDO			81	Name				
1	IEZ, OSWALDO			82	Street Ad	Idress (P.O. Box Number is Not Accepta	able)		
9390 S419) W. Flagler #202 9			83					
MIAM	VII FL 33126								
				84	City		FL	85 Zir	p Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, F	lorida Statutes,	the above	e-named co	orporation submits this statement for the	purpose of	changing i	its registered
l office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such ch	nange was autho	rized by	the corpora	ation's board of directors. I hereby accep	ot the appoir	itment as	registered
	in lamilar willi, and accept the ob-	igations of, decilon of	27.0000, 1 101104	Jiatutes	-				Į
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Reg	isterød Ager	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	I	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	TORS IN 12
TITLE	PST		DELETE	1.1 TITLE				☐ Change	e 🔲 Addition
NAME	NUNEZ, OSWALDO			1.2 NAME					
STREET ADDRESS	9390 W FLAGLER S202			1.3 STREET	ADDRESS				{
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S	T-ZIP				
TITLE			DELETE	2.1 TITLE				Change	e 🔲 Addition
NAME			j	2.2 NAME					
STREET ADDRESS			1	2.3 STREET	TADDRESS				
CITY-ST-ZIP				2. 4 CITY-S	ST-ZIP				
TITLE			DELETE	3.1 TITLE			_	Change	e
NAME				3.2 NAME					ļ
STREET ADDRESS				3.3 STREET	TADDRESS				
CITY-ST-ZIP				3.4. CITY-S					
TITLE			DELETE	4.1 TITLE				Changi	Addition
NAME			<u>, </u>	4, 2 NAME					
STREET ADDRESS				4.3 STREET	TADDRESS				İ
CITY-ST-ZIP				4.4 CITY-S					-
TITLE	<u> </u>	Ē		5.1 TITLE			_	☐ Change	e
NAME		_		5.2 NAME				_	
STREET ADDRESS				5.3 STREET	TADDRESS				
]	5.4 CITY-S					
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE				Change	e Addition
		L		6.2 NAME				2.101.19°	- Cariodison
NAME			Į	6.3 STREET	L AUDRESS				
STREET ADDRESS									
CITY-ST-ZIP				6.4 CITY-S	I+ZI r (

14. I 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 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, with all other like empowered.

SIGNATURE: