

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90050 048 ***150.00

0605377

DOCUMENT # S94264

1. Entity Name

ALPHA - NEURO TESTING ASSOCIATES, INC.

Principal Place of Business

3045 N FEDERAL HWY
 STE 60D
 FT LAUDERDALE FL 33306
 US

Mailing Address

277 JACARANDA DR
 PLANTATION FL 33324-2541
 US

642152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2692 N. UNIVERSITY DR.

3. Mailing Address

2692 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #10

UNIT #10

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-0293888

Applied For

Not Applicable

Zip

33322

Country

U.S.A.

Zip

33322

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARMAN, DEBORAH A ESQ
165 E PALMETTO ROAD
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CASTANON, KATHLEEN**
 CITY-ST-ZIP **277 JACARANDA DR**
PLANTATION FL 33324

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2692 N. UNIVERSITY DR. UNIT #10**
 CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathleen J. Castanon (KATHLEEN J. CASTANON)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01
 Date

954-835-0990
 Daytime Phone #

CR2E034 (10/00)