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**CORPORATION
ANNUAL REPORT
1995**



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

FILED

**95 JAN 25 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V07287 (8)

**1. Corporation Name
NEURO VASCULAR DIAGNOSTIC, INC.**

**Principal Place of Business
116 PONCE DE LEON BLVD.
CORAL GABLES FL 33135**

**Mailing Address
P.O. BOX 44-2043
MIAMI FL 33144-2043**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 01/16/1992
3a. Date of Last Report 05/01/1994**

**4. FEI Number 65-0317479
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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, MANUEL
116 PONCE DE LEON BLVD.
CORAL GABLES FL 33135**

01 Name

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

03

04 City

FL

05 Zip Code

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 this 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 reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PVST
NAME HERNANDEZ, MANUEL
STREET ADDRESS 116 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33135**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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 110.07(3)(b), 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

01/20/95