

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90027 029 ***150.00

0108767

DOCUMENT # P00000033541

1. Entity Name

THE ACADEMIC NEUROLOGY NETWORK, INC.

Principal Place of Business

Mailing Address

7900 WEST 33RD STREET SUITE 101
 DAVIE FL 33024

7900 WEST 33RD STREET SUITE 101
 DAVIE FL 33024

2. Principal Place of Business

7900 NORTH WEST 33rd ST

3. Mailing Address

7900 NORTHWEST 33rd ST

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0998782

Applied For

Not Applicable

Zip

33024

Country

Zip

33024

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUITE, NICHOLAS D.A.
7900 WEST 33RD STREET SUITE 101
DAVIE FL 33024

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
7900 NORTHWEST 33rd ST
 City **DAVIE** FL Zip Code **33024**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUITE, NICHOLAS D.A. 7900 WEST 33RD STREET SUITE 101 DAVIE FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7900 NORTHWEST 33RD ST, SUITE 101	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: NICHOLAS D.A. SUITE 3/16/01 954-441-6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)