

04-25-2003 90231 034 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|---------------------------------|---|---|
| DOCUMENT # P0000045450 | | | |
| 1. Entity Name PINES NEUROLOGICAL ASSOCIATES INC. | | | |
| Principal Place of Business 2589 JORDIN CT WESTON, FL 33327 | | Mailing Address 2589 JORDIN CT WESTON, FL 33327 | |
| 2. Principal Place of Business 2589 JARDIN CT. | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Weston, FL | | City & State | |
| Zip 33327 | Country | Zip | Country |
| 4. FEI Number 65-1011385 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROBBINS, DAVID 2589 JORDIN CT WESTON, FL 33327 | | 7. Name and Address of New Registered Agent | |
| Name Jardin | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City FL | | City | |
| Zip Code | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning)</small> | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. 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 included 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 trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other persons empowered. | | | |
| SIGNATURE: _____ | | 4/15/03 (954) 520-6671 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small> | | <small>Date</small> | |

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CHECK HERE IF MAKING CHANGES

CREC034 (10/12)