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

DOCUMENT # P02000065955

1. Entity Name

CENTRAL FLORIDA NEUROLOGY, P.A.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91164 046 ***150.00

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DO	NOT	WRITE	IN	THI	S SPA	

					Selfe Source S					
2. Principal Place of Business 720 W. Oak Street			3. Mailing Address 717 E. Oak Street							
Suite Apt. # etc. Suite 210			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Kissimmee, FL			City & State Kissimmee, FL		4. F	4. FEI Number Applied For O2-0617473 Not Applied Not Applied				
Zip 34741	Cour US	· 1	Zip 34744	Country		5 . C	ertificate of Status Desired		8.75 Additional ee Required	
			phonical designation of the control of the con-			7. Nai	me and Address of Current R	egistered A	gent	
	· · · · · · · · · · · · · · · · · · ·				Name 1	Raumrul	c, Andy J.			
DO NOT WRI					Street Address (P.O. Box Number is Not Acceptable)					
A CONTRACTOR OF THE STATE OF TH				_		717 E.	Oak Street			
		HIS SPA		The South State						
		THE RESERVE THE PARTY OF THE PA				Kissimn		FL	Zip Code 34744	
			e purpose of changing its	s registered	office or req	gistered age	ent, or both, in the State of Florid	da. I am fan	niliar with, and accept	
the obligati	ions of registered ag	jent.								
CICALATURE										
		name of registered agent and til	tle if applicable. (NO	TE: Registered A	gent signature re	equired when rei	nstating)	DATE		
	uary 1 - May 1 Fo After May 1, Fee i Amended UBR i Payable to Florid	s \$550.00	ate.				Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.		OFFICERS AND DIR		ja ma			Per distriction (1986) in the control of the contro	erical di principii di	The Revenue of the Second Contraction	
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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 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 6/7, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED