

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90058 018 ***150.00

80021983



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000061753

1. Entity Name
NEUROSURGICAL ASSOCIATES - CASSIDY & GUERIN, M.D

Principal Place of Business YORK BUILDING 530 NOKOMIS AVENUE FL 34285	Mailing Address THE YORK BUILDING 530 NOKOMIS AVENUE VENICE FL 34285-2819
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2. Principal Place of Business Suite, Apt. #, etc. Suite 11 City & State Zip	3. Mailing Address Suite, Apt. #, etc. Suite 11 City & State Zip
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4. FEI Number 65-0513576	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CASSIDY, JOHN R
 THE YORK BUILDING
 530 NOKOMIS AVENUE
 VENICE FL 34285**

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 _____ (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, 2000 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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, JOHN R 530 NOKOMIS AVENUE VENICE FL 34285	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **John R. Cassidy, M.D.** (941) 484-3404
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/19/00** Daytime Phone #

CR2E034 (9/99)