

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90139 023 \*\*\*150.00

0487157

**DOCUMENT # 479648**  
 1. Entity Name  
**NEUROLOGICAL ASSOCIATES - H. HOOSHMAND, M.D., P.**

Principal Place of Business <b>903 EAST CAUSEWAY BLVD. VERO BEACH FL 32963</b>	Mailing Address <b>P.O. BOX 6394 VERO BEACH FL 32961</b>
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2. Principal Place of Business <b>1255 37th ST.</b>	3. Mailing Address <b>1255th ST</b>
Suite, Apt. #, etc. <b>SUITE B</b>	Suite, Apt. #, etc. <b>SUITE B</b>
City & State <b>VERO BEACH FL</b>	City & State <b>VERO BEACH FL</b>



DO NOT WRITE IN THIS SPACE

Zip <b>32960</b>	Country <b>USA</b>	Zip <b>32960</b>	Country <b>USA</b>
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4. FEI Number <b>59-1606532</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOOSHMAND, HOOSHANG  
 4090 4TH STREET  
 VERO BEACH FL 32961**

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, 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	<b>CDP HOOSHMAND, HOOSHANG 4090 4TH ST. VERO BEACH FL 32961</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT HOOSHMAND, CLARA J. 4090 4TH ST. VERO BEACH FL 32961</b>	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)