

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90029 019 \*\*\*150.00

**DOCUMENT # 488860**

1. Entity Name

**NEUROLOGIC CONSULTANTS, LOPEZ, STEWART, WAGSHUL,**

Principal Place of Business

Mailing Address

P.O. BOX 432250  
P. O. BOX 431150  
SOUTH MIAMI FL 33243-2250  
US

P.O. BOX 432250  
P. O. BOX 431150  
SOUTH MIAMI FL 33243-1150  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1630265**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, RAY**  
**7330 SOUTHWEST 62ND PLACE**  
**#310**  
**SOUTH MIAMI FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/2/2000**  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **LOPEZ, RAY**  
STREET ADDRESS **7330 SOUTHWEST 62ND PL**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE **D** ☐ Delete  
NAME **STEWART, JAMES G.**  
STREET ADDRESS **7330 SOUTHWEST 62ND PL**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE **D** ☐ Delete  
NAME **WAGSHUL, ALAN M.**  
STREET ADDRESS **7330 SOUTHWEST 62ND PL**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE **D** ☐ Delete  
NAME **BARREDO, VICTOR**  
STREET ADDRESS **7330 SOUTHWEST 62ND PL**  
CITY-ST-ZIP **SOUTH MIAMI, FL 00000**

TITLE **D** ☐ Delete  
NAME **KOHRMAN, BRUCE D**  
STREET ADDRESS **7330 SW 62ND PLACE**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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 of the corporation or the receiver or trustee empowered to execute this report as required, 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

**2/2/2000**  
DATE

Daytime Phone #