

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 576758

1. Entity Name

THE NEUROSURGICAL GROUP - TIPPETT, CHAPLEAU, FRA

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90065 025 \*\*\*150.00

Principal Place of Business

Mailing Address

1717 NORTH E STREET . SUITE 409  
PENSACOLA FL 32501  
US

1717 NORTH E STREET . SUITE 409  
PENSACOLA FL 32501-6334  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1803268**

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

HART, ROBERT D., JR.  
715 SOUTH PALAFOX STREET  
PENSACOLA FL 32501

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)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TIPPETT, TROY M, II, M.D	
STREET ADDRESS	1717 NORTH "E" ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CHAPLEAU, CHARLES E., M.	
STREET ADDRESS	1717 NORTH "E" ST #409	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FRANK, ROBERT A., M.D.	
STREET ADDRESS	1717 N. "E" STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DMYTRENKO, GEORGE M. M PH.D.	
STREET ADDRESS	1717 NORTH E ST., STE 409	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*George M. Dmytrenko*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George M. Dmytrenko, M.D. 800mm 2050*  
Date Daytime Phone #

*George M. Dmytrenko, M.D. Ph.D.*

CR2E034 (9/99)