

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 576758

1. Entity Name

THE NEUROSURGICAL GROUP - TIPPETT, CHAPLEAU, FRA

Principal Place of Business

1717 NORTH E STREET . SUITE 409
PENSACOLA FL 32501
US

Mailing Address

1717 NORTH E STREET . SUITE 409
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 422

Suite, Apt. #, etc.

Suite 422

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1803268

Applied For

Not Applicable

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, 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

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/01

Date

850 4497050

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90039 012 ***550.00

058839



DO NOT WRITE IN THIS SPACE

0031342

CR2034 (10/00)