2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

576758 DOCUMENT

1. Entity Name

THE NEUROSURGICAL GROUP - TIPPETT, CHAPLEAU, FRA NK, DMYTRENKO & GIOVANINI, M.D., P.A.



FILED Mar 21, 2003 8:00 am §
Secretary of State

03-21-2003 90085 007 ***150.00

4:		

Surte. Apt. #. etc. CHECK HERE IF MAKING CHANGES Applied For Not Applied F	Principal Place of Business 1717 NORTH E STREET . SUITE 422 PENSACOLA FL 32501 US		Mailing Address 1717 NORTH E STREET , SUITE 422 PENSACOLA FL 32501 US					
City & State Country Country Country S. Certificate of Status bearind See Set South Bearind Foot Registered Agent To Name and Address of Currient Registered Agent Name Name and Address of New Registered Agent Name Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code Added to Fees And Address of North Acceptable Added to Fees Added to Fees Added to Fees Trust Fund Convibution Added to Fees Int. Added to Fees Int. Added to Fees Int. Added to Fees City Sip Zip City City FL Zip Code City FL Zip Code Added to Fees Int. Added to Fees City Sip Zip	2. Principal F	Place of Business	3. Mailing Address					
SCINATURE FILE NOW!! FEE IS \$150.00 Make Check Rayable to Florida Department of State FOR EARLY 177 NORTH "E" ST. FENSACOLA FL. DVP CHAPIEAU, CHARLES E, M. TITT NORTH "E" ST. FENSACOLA FL. DVP CHAPIEAU, CHARLES E, M. TITT NORTH "E" ST. FENSACOLA FL. DVP CHAPIEAU, CHARLES E, M. TITT NORTH "E" ST. FENSACOLA FL. STORET ADDRESS TITT NORTH E ST. FENSACOLA FL. STORET ADDRESS TITT NORTH E ST. FENSACOLA FL. STORET ADDRESS TITT NORTH E ST. TITT NORTH E ST. STORET ADDRESS TITT NORTH E ST. TIT	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (RO. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of chenging its registered office or registered agent, or both, in the State of Florida. I am familier with, and socie the obligations of registered degent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME PD CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. PENSACOLA FL UPP CHAPLEAU, CHARLES E, M. TITY NORTH "E'ST. TITY NORTH "E'S	City & State		City & State		4. FEI Number 59-1803268 Applied For Not Applicable			
S. Name and Address of Current Registered Agent HART, ROBERT D., JR. 71S SOUTH PALAFOX STREET PENSACOLA FL 32501 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. I am familiar with, and soot the chignations of registered agent. SIGNATURE SIGNATURE SIGNATURE THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MANY TIPPETT, TROY M, II, M.D 1777 NORTH "E" ST. PENSACOLA FL UPP Delete TIPLE DVP Change Add NAME STREET ADDRESS TIVET ADDRESS T	Zip	Country	Zip	Country				
HART, ROBERT D., JR. 715 SOUTH PALAFOX STREET PENSACOLA FL 32501 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accompanies to the colligations of registered agent. SIGNATURE FUL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accompanies to the state of Forida agent accompanies to the state of Forida agent accompanies to the state of Forida agent accompanies to the state o		6. Name and Address of Current I	Registered Agent					
E. 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. I am familiar with, and accident the obligations of registered agent. FILE NOW!!! FEE IS \$150.00	715 SOUTH PALAFOX STREET				(P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accident the colligations of registered agent. FILE NOW!!! FEE IS \$150.00	LITOAUC			City	E			
After May 1, 2003 Fee will be \$550.00 May B Added to Fees Make Check Payable to Florida Department of State 10.	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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
TITLE NAME TIPPETT, TROY M, II, M.D TIPPENSACOLA FL TIPPETT, TROY M, II, M.D TIPPETT, TROY M, II	After May 1, 2003' Feé will be \$550.00							
TIPPETT, TROY M, II, M.D 1717 NORTH "E" ST. PENSACOLA FL DVP CHAPLEAU, CHARLES E., M. 1717 NORTH "E" ST. PENSACOLA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO NORTH E St., Suite 422 Change Addi NAME STREET ADDRESS CITY-ST-ZIP Change Addi NAME STREET ADDRESS CITY-ST-ZIP TO NORTH E St., Suite 422 PENSACOLA FL D Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete NAME STREET ADDRESS CITY-ST-ZIP D Delete NAME STREET ADDRESS CITY-ST-ZIP TO NORTH E ST., Suite 422 PENSACOLA FL Change Addi NAME STREET ADDRESS CITY-ST-ZIP Change Addi NAME STREET ADDRESS CITY-ST-ZIP D Delete NAME STREET ADDRESS CITY-ST-ZIP Change Addi NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL DUP FRANK, ROBERT A., M.D. 1717 N. "E" STREET PENSACOLA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DMYTRENKO, GEORGE M. M PH.D. 1717 NORTH E ST., STE-409 PENSACOLA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP DMYTRENKO, GEORGE M. M PH.D. 1717 NORTH E ST., STE-409 PENSACOLA FL GIOVANINI, MARK A MD 1717 NE ST SUITE 422 PENSACOLA FL STREET DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	TIPPETT, TROY M, II, M.D 1717 NORTH "E" ST.	☐ Delete	NAME STREET ADDRESS 171				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addit	NAME STREET ADDRESS	Chapleau, Charles E., M. 1717 North "E" St #489 -	☐ Delete	NAME STREET ADDRESS 171	• • • • • • • • • • • • • • • • • • • •			
NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP D Change Addit NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADORESS	Frank, Robert A., M.D. 1717 N. "E" Street	☐ Delete	NAME STREET ADDRESS 171	, , ,			
NAME STREET ADDRESS OTTY-ST-ZIP OTTILE NAME STREET ADDRESS CITY-ST-ZIP	name Street address	DMYTRENKO, GEORGE M. M PH. 1717 NORTH E ST., STE 409		NAME STREET ADDRESS 171	•			
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address	GIOVANINI, MARK A MD 1717 NE ST SUITE 422	□ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition			
19. I horsely partify that the information available this filling does not exactly for the exactly Continued to 0.7000 Fig. 14, 00 to 15.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS	☐ Change ☐ Addition			

I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: