

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600099

1. Entity Name

LYERLY NEUROSURGICAL ASSOCIATES, P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90140 013 ***150.00

Principal Place of Business Mailing Address
~~2110 OAK ST~~ ~~2110 OAK ST~~
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204

2. Principal Place of Business 3. Mailing Address
2151 Riverside Ave 2151 Riverside Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country
32204



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0946107 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
MONTEIRO, PAULO M.D. Name
~~2110 OAK ST~~ Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32204 2151 Riverside Ave
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	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZEAL, ARNOLD			NAME			
STREET ADDRESS	836 PRUDENTIAL DRIVE #1105			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, JOHN			NAME			
STREET ADDRESS	2110 OAK ST			STREET ADDRESS	2151 Riverside Ave		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTEIRO, PAULO			NAME			
STREET ADDRESS	2110 OAK ST			STREET ADDRESS	2151 Riverside Ave		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, RANDELL G			NAME			
STREET ADDRESS	836 PRUDENTIAL DRIVE #1105			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA-BENGOCHEA, JAVIER			NAME			
STREET ADDRESS	2110 OAK ST			STREET ADDRESS	2151 Riverside Ave		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

04/05/00 9043886516

Date

Daytime Phone #