

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91153 035 ***150.00

768834

DO NOT WRITE IN THIS SPACE

DOCUMENT # 600099

1. Entity Name

Lyerly Neurosurgical Associates, P.A.

Principal Place of Business

2151 Riverside Ave
 Jacksonville, FL 32204

Mailing Address

2151 Riverside Ave
 Jacksonville, FL 32204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Monteiro, Paulo M D
 2151 Riverside Ave
 Jacksonville, FL 32204

7. Name and Address of New Registered Agent

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	MD	<input type="checkbox"/> Delete
NAME	Zeal, Arnold	
STREET ADDRESS	836 Prudential Drive #1105	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Hawkins, John	
STREET ADDRESS	2151 Riverside Ave	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Monteiro, Paulo	
STREET ADDRESS	2151 Riverside Ave	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	MD	<input type="checkbox"/> Delete
NAME	Powell, Randell G	
STREET ADDRESS	836 Prudential Drive #1105	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	MD	<input type="checkbox"/> Delete
NAME	Garcia-Bengoechea, Javier	
STREET ADDRESS	2151 Riverside Ave	
CITY-ST-ZIP	Jacksonville, FL 32204	
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		
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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 is 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

Paulo Monteiro

04/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)