

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90217 024 ***150.00

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**



CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VD	ZEAL, ARNOLD		
	836 PRUDENTIAL DRIVE #1105		
	JACKSONVILLE FL		
STD	HAWKINS, JOHN		
	2151 RIVERSIDE AVE		
	JACKSONVILLE FL 32204		
PD	MONTEIRO, PAULO		
	2151 RIVERSIDE AVE		
	JACKSONVILLE FL		
D	POWELL, RANDELL G		
	836 PRUDENTIAL DRIVE #1105		
	JACKSONVILLE FL		
D	GARCIA-BENGOCHEA, JAVIER		
	2151 RIVERSIDE AVE		
	JACKSONVILLE FL		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/03 (904)388-6516
Date Daytime Phone #

CR2E034 (10/02)