2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003
Secretary of State

DOCUMENT# 602005

Entity Name: TALLAHASSEE NEUROLOGICAL CLINIC, P.A.

Current Principal Place of Business:

1401 CENTERVILLE RD, STE 300
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1401 CENTERVILLE RD, STE 300
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-1286000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, J TRUE M.D.
1401 CENTERVILLE RD
STE 300
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MARTIN, J. TRUE,	
Address:	1401 CENTERVILLE RD,#300	
City-St-Zip:	TALLAHASSEE, FL	
Title:	DV	( ) Delete
Name:	AYALA, RICARDO	
Address:	1401 CENTERVILLE ROAD, #300	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	ORTIZ, WINSTON	
Address:	1401 CENTERVILLE RD #300	
City-St-Zip:	TALLAHASSEE, FL	
Title:	STD	( ) Delete
Name:	CUFFE, MARK J	
Address:	1401 CENTERVILLE RD, STE., 300	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	TD	( ) Delete
Name:	RUMANA, CHRISTOPHER S	
Address:	1401 CENTERVILLE RD., STE., 300	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	MARTIN, J. TRUE	
Address:	1401 CENTERVILLE RD,#300	
City-St-Zip:	TALLAHASSEE, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK J. CUFFE STD 01/21/2003

Electronic Signature of Signing Officer or Director — Date