

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603348

1. Entity Name

NEUROLOGICAL ASSOCIATES, P.A.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90016 049 ***150.00

Principal Place of Business

Mailing Address

~~GRINDAL AND PROBST, M.D. S. P.A.~~
1888 HILLVIEW STREET
SARASOTA FL 34239

~~GRINDAL AND PROBST, M.D. S. P.A.~~
1888 HILLVIEW STREET
SARASOTA FL 34239-3605

2. Principal Place of Business

3. Mailing Address

Neurological Associates, PA
Suite, Apt. #, etc.
1888 Hillview St.

Neurological Associates, PA
Suite, Apt. #, etc.
1888 Hillview St.

City & State
Sarasota FL

City & State
Sarasota FL

Zip
34239

Country
USA

Zip
34239

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1381471

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

KASSICIEH, V DANIEL
1888 HILLVIEW STREET
SARASOTA FL 34239

Name James M. Schumacher
Street Address (P.O. Box Number is Not Acceptable)

1888 Hillview Street

City Sarasota FL Zip Code 34239

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	TD	<input type="checkbox"/> Delete
NAME	PROBST, THEODORE G.	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KASSICIEH, V. DANIEL	
STREET ADDRESS	1888 HILLVIEW STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAYER, PETER L	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROBST, THEODORE G.	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSICIEH, DANIEL	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES M. SCHUMACHER	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN S. GLASSER	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/14/00

Date

941-955-5880

Daytime Phone #