

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90106 017 ***150.00

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DOCUMENT # 603348

1. Entity Name

NEUROLOGICAL ASSOCIATES, P.A.



Principal Place of Business

1888 HILLVIEW STREET
SARASOTA FL 34239
US

Mailing Address

1888 HILLVIEW STREET
SARASOTA FL 34239



2. Principal Place of Business

5831 Bee Ridge Road

3. Mailing Address

5831 Bee Ridge Road

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34233

Country

USA

Zip

34233

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

MAYER, PETER L MD
1888 HILLVIEW STREET
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5831 Bee Ridge Road

Suite 100

City SARASOTA

FL

Zip Code

34233

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

TITLE **D** ☒ Delete
NAME **KASSICIEH, V. DANIEL**
STREET ADDRESS **1888 HILLVIEW STREET**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **DP** ☐ Delete
NAME **MAYER, PETER L**
STREET ADDRESS **1888 HILLVIEW ST**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DT** ☐ Delete
NAME **GLASSER, RYAN S**
STREET ADDRESS **1888 HILLVIEW ST**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5831 BEE RIDGE ROAD, SUITE 100**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5831 BEE RIDGE ROAD, SUITE 100**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☒ Addition
NAME **ROBERT S. KNEED**
STREET ADDRESS **5831 BEE RIDGE ROAD, SUITE 100**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/9/03

(941) 308-5700

Date

Daytime Phone #

CR2E034 (10/02)