

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
02-21-2002 90127 015 ***158.75

DOCUMENT # 603453
1. Entity Name
BAY AREA NEUROLOGY, INC.

Principal Place of Business
~~4710 N. HABANA #300~~
TAMPA FL 33614
Correct address
Mailing Address
~~4710 N. HABANA #300~~
TAMPA FL 33614



2. Principal Place of Business
4700 N. Habana Ave
Suite, Apt. #, etc.
#502
City & State
Tampa FL
Zip
33614
Country
Hillsborough

3. Mailing Address
4700 N. Habana Ave
Suite, Apt. #, etc.
#502
City & State
Tampa FL
Zip
33614
Country
Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1390005
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEDREGAL, ARTHUR J
5517 PANTAIL CIRCLE
TAMPA FL 33625

7. Name and Address of New Registered Agent
Name Arthur J. Pedregal, M.D.
Street Address (P.O. Box Number is Not Acceptable)
4700 N. Habana
#502
City TAMPA FL Zip Code 33614

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 Arthur J. Pedregal, M.D. DATE 2-06-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PST PEDREGAL, THOMAS PH D 5517 PANTAIL CIR TAMPA FL 33625 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arthur J. Pedregal, M.D. 4700 N. Habana Ave #502 Tampa, FL 33614 (President) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2-06-02 Daytime Phone # (813) 879-7940

CR2E034 (9/01)