

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90036 022 \*\*\*150.00

DOCUMENT # 605057

1. Entity Name

MELBOURNE NEUROLOGIC, P.A.

Principal Place of Business

Mailing Address

1317 OAK STREET  
MELBOURNE FL 32901

1317 OAK STREET  
MELBOURNE FL 32901-3135

C0017779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1507047

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPHERD, EUGENE M  
1317 S.OAK STREET  
MELBOURNE FL 32901

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.

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

Added to:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE PD ☐ Delete  
NAME SHEPHERD, EUGENE M  
STREET ADDRESS 1317 OAK STREET  
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME GOLD, SCOTT L  
STREET ADDRESS 1317 OAK STREET  
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HOFFMAN, THOMAS G  
STREET ADDRESS 1317 OAK ST.  
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00

Date

Daytime Phone #