

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90330 041 ***550.00

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DOCUMENT # 605057

1. Entity Name
MELBOURNE NEUROLOGIC, P.A.



Principal Place of Business
**1317 OAK STREET
MELBOURNE FL 32901**

Mailing Address
**1317 OAK STREET
MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address
439 Riverview Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.
c/o T. Hoffman

City & State

City & State
Melbourne Beach, FL

4. FEI Number **59-1507047**

Applied For
Not Applicable

Zip

Country

Zip

Country

32951

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

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

Name **Thomas G. Hoffman**

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

439 Riverview Lane

City **Melbourne Beach**

FL

Zip Code **32951**

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 **Thomas G. Hoffman**

7/08/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE R. THOMAS G. HOFFMAN

7/08/03

725-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)