

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90103 041 ***150.00

DOCUMENT # 617416

1. Entity Name
NAPLES NEUROLOGICAL ASSOCIATES, P.A.

Principal Place of Business

720 GOODLETTE ROAD
NAPLES FL 34102

Mailing Address

720 GOODLETTE ROAD
NAPLES FL 34102

2. Principal Place of Business

730 Goodlette Road

Suite, Apt. #, etc.

Suite 100-A

City & State

3. Mailing Address

730 Goodlette Road

Suite, Apt. #, etc.

Suite 100-A

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1903853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERTAG, WILLIAM D. M.D.
720 GOODLETTE ROAD
SUITE 203
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

730 Goodlette Road
Suite 100-A

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ERTAG, WILLIAM D.	
STREET ADDRESS	3292 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPBELL, JOHN D.	
STREET ADDRESS	6035 GREEN TREE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WOLFF, BRIAN D	
STREET ADDRESS	7708 SANTA MARGHERITA WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4151 Gulfshore Blvd. #504	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Ertag, M.D.

Date

4/4/01

Daytime Phone #

941-262-8971

CR2E034 (10/00)