

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636156

1. Entity Name

BAUMEL-EISNER NEUROMEDICAL INSTITUTE, INC.

Principal Place of Business

Mailing Address

7301 N. University Dr., Ste 300
Tamarac, FL 33321

C/O TAX DEPT 9501 E. SHEA BLVD
SCOTTSDALE AZ 85260-6719

2. Principal Place of Business

7301 N. University Dr. Ste 300

Suite, Apt. #, etc.

3. Mailing Address

C/O TAX DEPT 9501 E. SHEA BLVD

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

USA

City & State

SCOTTSDALE AZ

Zip

85260-6719

Country

USA

4. FEI Number

59-1931184

Applied For

Not Applicable

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

Bernard Baumel

7301 North University Dr, Suite 300
Tamarac, FL 33321

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
Chairman
David D. Halbert
5215 N. O'Connor Blvd, Ste 1600
Irving, TX 75039

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Co-CEO
Barry Baumel, M.D.
7301 N. University Dr., Ste 300
Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Co-CEO
Larry Eisner, M.D.
7301 N. University Dr., Ste 300
Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
David A. George
9501 E. Shea Blvd
Scottsdale, AZ 85260

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
T. Danny Phillips
5215 N. O'Connor Blvd, Ste 1600
Irving, TX 75039

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400004548944--6

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Asst. Treasurer
Peter Connolly
9501 E. Shea Blvd
Scottsdale, AZ 85260
☐ Change ☒ 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: Peter Connolly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/2001 480.661.2394

Date

Daytime Phone #



ACCOUNT NO. : 072100000032
REFERENCE : 432742 5048552
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 558.75

ORDER DATE : August 20, 2001

ORDER TIME : 10:45 AM

ORDER NO. : 432742-100

CUSTOMER NO: 5048552

CUSTOMER: Ms. Alicia Evans
Advance Paradigm, Inc.
Suite 1600
5215 North O'Connor Boulevard
Irving, TX 75039

ANNUAL REPORT FILING

NAME: BAUMEL-EISNER NEUROMEDICAL
INSTITUTE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____

RECEIVED
01 AUG 22 AM 11:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA