

# 2002 UNIFORM BUSINESS REPORT (UBR)

Page 102

0029332  
AV

DOCUMENT # 636156

1. Entity Name

BAUMEL-EISNER NEUROMEDICAL INSTITUTE, INC.

Principal Place of Business

Mailing Address

7301 NORTH UNIVERSITY DRIVE  
SUITE 300  
TAMARAC FL 33321

7301 NORTH UNIVERSITY DRIVE  
SUITE 300  
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

BAUMEL, BERNARD  
7301 NORTH UNIVERSITY DRIVE  
SUITE #300  
TAMARAC FL 33321

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

City  
TALLAHASSEE

FL

Zip Code  
32301

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

*Patrick Lalor*

PATRICK LALOR, ASSISTANT SECRETARY

03/06/2002

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, 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  
CHAI  
HALBERT, DAVID D  
5215 N.OCONNOR BLVD,STE 1600  
IRVING TX 75039 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CCEO  
BAUMEL, BARRY MD  
7301 N. UNIVERSITY DR,STE 300  
TAMARAC FL 33321 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CCEO  
EISNER, LARRY M.D  
7301 N. UNIVERSITY DR.,STE 300  
TAMARAC FL 33321 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GEORGE, DAVID A  
9501 E.SHEA BLVD.  
SCOTTSDALE AZ 85260 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
PHILLIPS, T.DANNY  
5215 N.OCONNOR BLVD,STE 1600  
IRVING TX 75039 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASST  
CONNOLLY, PETER  
9501 E.SHEA BLVD.  
SCOTTSDALE AZ 85260 ☐ Delete

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

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

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

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

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

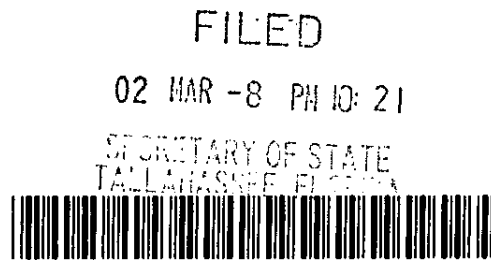
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Laurie Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 469-420-6063  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Page 2 of 2

**Additional Officers of Baumel-Eisner Neuromedical Institute, Inc.**

Laura I. Johansen, Vice Pres., Asst. Sec.  
5215 N. O'Connor Blvd.  
Suite 1600  
Irving, TX 75039

Andrew Garling, SVP  
9501 E. Shea Blvd.  
Scottsdale, AZ 85260

Stephen Houk, Treasurer  
5215 N. O'Connor Blvd.  
Suite 1600  
Irving, TX 75039

Laurel Wala, Asst. Sec.  
9501 E. Shea Blvd.  
Scottsdale, AZ 85260

Sue Redman, Asst. Treasurer  
9501 E. Shea Blvd.  
Scottsdale, AZ 85260