

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90102 044 \*\*\*150.00

DOCUMENT # 680343

1. Entity Name

OCALA NEURODIAGNOSTIC CENTER, P.A.

Principal Place of Business

~~2203 SE THIRD AVE~~  
SEVEN OAKS PROFESSIONAL PARK  
OCALA FL 34471  
US

Mailing Address

~~2203 SE THIRD AVE~~  
~~SEVEN OAKS PROFESSIONAL PARK~~  
OCALA FL ~~32677~~

2. Principal Place of Business

1901 SE 18TH AVE

Suite, Apt. #, etc.

BUILDING 400A

City & State

OCALA, FL

Zip

34471

Country

USA

3. Mailing Address

1901 SE 18TH AVE

Suite, Apt. #, etc.

BUILDING 400A

City & State

OCALA, FL

Zip

34471

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2012132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NG, KEN

~~2203 SE THIRD AVE~~  
OCALA FL 34471

Address Change Only

7. Name and Address of New Registered Agent

Name

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

1901 SE 18TH AVE

BUILDING 400A

City

OCALA

FL

Zip Code

34471

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

4-17-01

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 ☐ Delete  
NAME D NG, KEN  
STREET ADDRESS ~~2203 SE THIRD AVE~~  
CITY-ST-ZIP Ocala FL

TITLE ☐ Delete  
NAME D HOWELL, GREGORY J.  
STREET ADDRESS ~~2203 SE THIRD AVE~~  
CITY-ST-ZIP Ocala FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME D NG, KEN  
STREET ADDRESS 1901 SE 18TH AVE, BLDG 400A  
CITY-ST-ZIP Ocala, FL 34471

TITLE ☒ Change ☐ Addition  
NAME D HOWELL, GREGORY J.  
STREET ADDRESS 1901 SE 18TH AVE, BLDG 400A  
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Change ☒ Addition  
NAME D JOSE GAUDIER  
STREET ADDRESS 1901 SE 18TH AVE, BLDG 400A  
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Change ☒ Addition  
NAME D WILLIAM GAYH  
STREET ADDRESS 1901 SE 18TH AVE, BLDG 400A  
CITY-ST-ZIP Ocala, FL 34471

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-01

CR2E034 (10/00)