

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90028 035 ****61.25

DOCUMENT # 712766

1. Entity Name

SOUTH FLORIDA NEUROSURGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

**100 NW 170TH ST
 SUITE 302
 MIAMI BEACH FL 33169**

**100 NW 170TH ST
 SUITE 302
 NORTH MIAMI BEACH FL 33169-5511**

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

NOT APPLICABLE

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

**SCHWARTZ, BRUCE, ESQ.
 2750 NORTHEAST 187 ST.
 NORTH MIAMI BEACH FL 33180**

Name

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

City

FL

Zip Code

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

**PD
 LUSTGARTEN, GARY J., MD
 1100 N.E. 163RD STREET
 N. MIAMI BEACH FL**

☐ Delete

TITLE

☐ Change

☐ Addition

STREET ADDRESS

NAME

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

**STD
 GERVIN, STEPHEN MD
 1131 N. 35TH AVE.
 HOLLYWOOD FL**

☐ Delete

TITLE

☐ Change

☐ Addition

STREET ADDRESS

NAME

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
 PAGE, LARRY, M.D.
 1501 N.W. 9TH AVE.
 MIAMI FL**

☐ Delete

TITLE

☐ Change

☐ Addition

STREET ADDRESS

NAME

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00

954 961 3365

CR2E037 (9/99)