2000 UNIFORM BUSINESS REPORT (UBR)

100 NW 170TH ST

3. Mailing Address

City & State

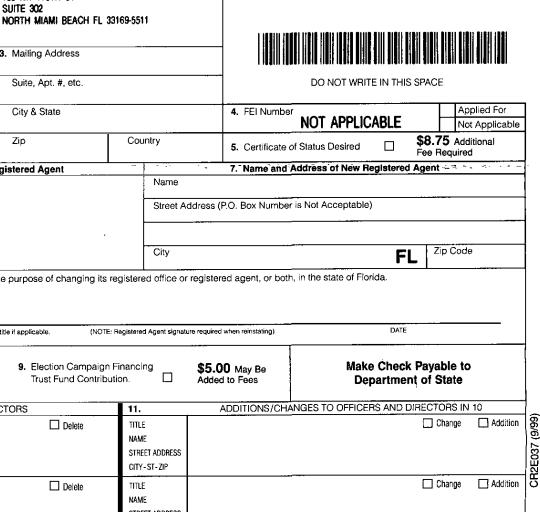
Suite, Apt. #, etc.

SUITE 302

DOCUMENT # 712766 1. Entity Name SOUTH FLORIDA NEUROSURGICAL SOCIETY, INC. Principal Place of Business Mailing Address

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

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



| ±.ih | Codinay | | 222) | 5. Certificate of St | atus Desired | |
|---|---------------------------------|--|-------------------------------|---------------------------------------|---|------------|
| 6. Name and Address of Current Registered Agent | | | 17- | 7. Name and Add | ress of New Registered Agent | |
| | | | Name | | | |
| SCHWARTZ, BRUCE, ES | | | Street Ac | ddress (P.O. Box Number is N | Not Acceptable) | |
| 2750 NORTHEAST 187 : NORTH MIAMI BEACH F | | | | | 7-0-1 | |
| | | | City | | FL Zip Cod | e |
| The above named entity su | bmits this statement fo | r the purpose of changing its | registered office or | registered agent, or both, in | the state of Florida. | |
| | | | | | | |
| GNATURESignature, typed or pr | rinted name of registered agent | and title if applicable. (NOTE | : Registered Agent signatu | re required when reinstating) | DATE | |
| . — | | | | | - · · · · · · · · · · · · · · · · · · · | |
| FILE NO FEE IS \$6 | | 9. Election Campaign Trust Fund Contribu | | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |) |
| j. | OFFICERS AND DI | RECTORS | 11. | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS IN | 110 |
| ı⊧ PD | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| | N, GARY J., MD | | NAME | | | |
| | 3RD STREET | | STREET ADDRESS CITY-ST-ZIP | | | |
| ST ZIP N. MIAMI BE | ACH FL | | | . = | Change | Addition |
| LE STD | DUCK MD | ☐ Delete | TITLE NAME | | Change | Addition |
| GERVIN, STE | H.AVE | | STREET ADDRESS | | | |
| ST-ZIP HOLLYWOOI | | الميدائينين المجدودة الاراد | CITY-ST-ZIP | | i mai n'i Bahasa an i agus sail. | |
| LE D | ,,, | ☐ Delete | TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Change | Addition |
| PAGE, LARR | Y, M.D. | | NAME | | | |
| 1501 N.W. 9 | TH AVE. | | STREET ADDRESS | | | |
| ST ZIP MIAMI FL. | | | CITY-ST-ZIP | **** | | |
| LE . | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| - DEE 1 4111/05 33 | | | NAME STREET ADDRESS | | | |
| ST-ZIP | | | CITY-ST-ZIP | | | |
| LE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| | | | NAME | | | |
| ere ADDRESS | | | STREET ADDRESS | | | |
| ST ZIP | | | CITY-ST-ZIP | | | C Addus- |
| ILE | | ☐ Delete | TITLE | | ☐ Change | Addition |
| ELLI AIMMIESS | | | NAME STREET ADDRESS | | | |
| ST ZIP | | | CITY-ST-ZIP | | | |
| .1 | formation assembled with | this filing door not availe for | | ad in Section 110 07/9VIV. El. | orida Statutes. I further certify that the in | oformetion |

Indicated on this report or supplied with this liming does not duality for the exemption stated in section 119.073(f). Find a statutes. Find the liming does not duality for the exemption stated in section 119.073(f). Find a statutes, in this continue to the liming does not duality for the exemption stated in section 119.073(f). Find a statutes, find a statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment v

E NW 170TH ST ----- 302

MIAMI BEACH FL 33169

Principal Place of Business

Suite, Apt. #, etc.

City & State