

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90031 025 ***150.00

DOCUMENT # F73887

1. Entity Name
BEAUREGARD L. BERCAW, M.D., P.A.

Principal Place of Business Mailing Address
 670 GOODLETTE ROAD N. 670 GOODLETTE ROAD N.
 NAPLES FL 34102 NAPLES FL 34102-5642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1900 L'AMBIANCE CIR # 201 **1900 L'AMBIANCE CIR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
201 **# 201**

City & State City & State
NAPLES FL **NAPLES FL**

Zip Country Zip Country
34109 **FLORIDA** **34108** **FLORIDA**

4. FEI Number Applied For
59-2174767 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERCAW, BEAUREGARD L
% NEUROSURGICAL AND SPINE ASSOC
670 GOODLETTE ROAD N.
NAPLES FL 34102

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1900 L'AMBIANCE CIR # 201
 City State Zip Code
NAPLES FL 34108

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: *Beber* **BEAUREGARD L. BERCAW** **1/20/99**
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, 2000 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	<input type="checkbox"/> Delete
PD	BERCAW, BEAUREGARD L	670 GOODLETTE ROAD N.	NAPLES FL 34102	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		1900 L'AMBIANCE CIR #201	NAPLES FL 34108	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE: *Beber* **BEAUREGARD L. BERCAW** **1/20/99** **941513 9077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)