

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002143

1. Entity Name

THE AMERICAN BOARD OF CLINICAL NEUROPHYSIOLOGY,

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90009 026 ****61.25

Principal Place of Business

301 SWEETWATER BLVD.. N.
LONGWOOD FL 32779

Mailing Address

301 SWEETWATER BLVD.. N.
LONGWOOD FL 32779

2. Principal Place of Business

618 Sweetwater Cove Blvd
Suite, Apt. #, etc.

3. Mailing Address

618 Sweetwater Cove Blvd S.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

23-7061848

Applied For

Not Applicable

Zip

32779

Country

Zip

32779

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RADTKE, RODNEY TRENT DR., BELL BLDG. DURHAM NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODIN, DOUGLAS 505 PARNASSUS ST. SAN FRANCISCO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, PETER 4940 EASTERN AVE BALTIMORE MD 21224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSER, HARRIS 7777 S.W. FREEWAY, #1004 HOUSTON TX 77074	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILMORE, ROBIN 1600 NW ARCHER RD GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAMADA, THORU 200 HAWKINS DRIVE IOWA CITY IA 52242	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Horowitz, Sandra 463 Worcester Framingham, MA 01701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 all other like empowered.

SIGNATURE: Robin Gilmore, M.D. *Robin Gilmore*

2/12/01 407-788-2084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)