

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2001 8:00 am
Secretary of State

06-12-2001 90002 043 ***550.00

DOCUMENT # H36052

1. Entity Name

ORLANDO NEUROSURGICAL ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

1801 COOK AVENUE
ORLANDO FL 32806

1801 COOK AVENUE
ORLANDO FL 32806

C0071058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2477414

Applied

Not Appli

Zip

Country

Zip

Country

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

MONTOYA, GERMAN, M.D.
1801 COOK AVENUE
ORLANDO FL 32806

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

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
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MONTOYA, GERMAN
STREET ADDRESS 1801 COOK AVENUE
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE SD
NAME BEHRMANN, DONALD L
STREET ADDRESS 1801 COOK AVENUE
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE VD
NAME RAMOS, LUIS A
STREET ADDRESS 1801 COOK AVENUE
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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 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 #