

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36052

1. Entity Name
ORLANDO NEUROSURGICAL ASSOCIATES, P.A.



Principal Place of Business
1801 COOK AVENUE
ORLANDO, FL 32806

Mailing Address
1801 COOK AVENUE
ORLANDO, FL 32806

FILED
03 JUL -7 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2477414

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

BEHRMANN, DONALD MD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald L. Behrmann, M.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PAD
BEHRMANN, DONALD L.
1801 COOK AVENUE
ORLANDO, FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PST
600021351706
07/07/03--01059--001 **\$150.00 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
JENKINS, JOHN
1801 COOK AVE.
ORLANDO, FL 32806 ☒ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 607, 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:

Donald L. Behrmann, Pres. 6/ /03

(407) 425-7470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)

2715

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
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PERSONAL AND CONFIDENTIAL

July 3, 2003

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

ATTENTION: Uniform Business Reports Section

Re: Orlando Neurosurgical Associates, P.A.
Document No. H36052

Dear Sir or Madam:

Please find enclosed the **2003 Uniform Business Report** for the above corporation, along with our **check for \$150.00** to cover the filing fee. Our client has advised us that the corporation did not receive the Uniform Business Report form for 2003, or notification that the filing was delinquent. Accordingly, we are requesting that the late fee be waived.

Thank you for your consideration and assistance.

Sincerely,



Nancy Olan, Paralegal for
Robert W. Mead, Jr.

/no

cc: W. Allan Wilson, Administrator