

# 2001 UNIFORM BUSINESS REPORT (UBR)

012168 AT

DOCUMENT # H89191

1. Entity Name  
NEUROMED SPECIALISTS, P.A.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 NOV -7 PM 5:07

Principal Place of Business

10801 STARKEY RD  
ST 303  
LARGO FL 33777  
US

Mailing Address

10801 STARKEY RD  
ST 303  
LARGO FL 33777  
US

2. Principal Place of Business

1901 M.L.KING (NINTH) ST N

3. Mailing Address

1901 M.L.KING (NINTH) ST N

Suite, Apt. #, etc.

ST B

Suite, Apt. #, etc.

ST B

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33704

Country

PINECLAS

Zip

33704

Country

PINECLAS



REINSTATEMENT

4. FEI Number 59-2599301

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, WILLIAM R

10801 STARKEY RD STE 303  
LARGO FL 33777

7. Name and Address of New Registered Agent

Name WILLIAM R GREENBERG

Street Address (P.O. Box Number is Not Acceptable)  
1901 DR M.L.KING (9th) ST N

City ST Petersburg FL Zip Code 33704

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 *William R Greenberg*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-2-01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 P  
NAME GREENBERG, WILLIAM R. ☐ Delete  
STREET ADDRESS 10801 STARKEY RD STE 303  
CITY-ST-ZIP LARGO FL 33777

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE GREENBERG WILLIAM ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1901 DR M.L.KING (NINTH) ST N  
CITY-ST-ZIP ST PETERSBURG FL 33704

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

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

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

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

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

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 all other like empowered.

SIGNATURE: *William R Greenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

727 553 9233

Daytime Phone #

CR2E034 (5/01)