

2001 UNIFORM BUSINESS REPORT (UBR)

2/7

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-07-2001 90143 049 ***150.00

DOCUMENT # K38120

1. Entity Name

PEDIATRIC NEUROLOGY ASSOCIATES, P.A.

Principal Place of Business

880 6TH STREET, SOUTH, SUITE 430
 ST. PETERSBURG FL 33701

Mailing Address

880 6TH STREET, SOUTH, SUITE 430
 ST. PETERSBURG FL 33701

2. Principal Place of Business

880 6th St S. Su 430
 Suite, Apt. #, etc.

3. Mailing Address

880 6th St S. Su 430
 Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL 33701

Zip

33701

Country

Zip

33701

Country

4. FEI Number

59-2905263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GUSTAFSON, LINDA
 PEDIATRIC NEUROLOGY ASSOC
 880 SIXTH ST S #430
 ST PETERSBURG FL 33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/01

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 \$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 Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CASADONTE, JOSEPH	
STREET ADDRESS	880 - 6TH S., STE. 430	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERNANDEZ, RAYMOND	
STREET ADDRESS	880 - 6TH ST., S., STE. 430	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

Daytime Phone #

CR2E034 (10/00)