

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90009 038 ***150.00

DOCUMENT # K56591

1. Entity Name
TAMPA NEUROLOGY ASSOCIATES, P.A.

Principal Place of Business

**2919 SWANN AVE. STE 401
 TAMPA FL 33609**

Mailing Address

**2919 SWANN AVE. STE 401
 TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2919747**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUGG, JOSEPH
 201 N FRANKLIN ST
 SUITE 2100
 TAMPA FL 33602**

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)
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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SERGAY, STEPHEN M., M.D.	
STREET ADDRESS	2919 SWANN AVE #401	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	STEEN, SUSAN J., M.D.	
STREET ADDRESS	2919 SWANN AVE #401	
CITY-ST-ZIP	TAMPA FL	
TITLE	PAS	<input type="checkbox"/> Delete
NAME	SERGAY, STEPHEN M., M.D.	
STREET ADDRESS	2919 SWANN AVE #401	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASCIONE, MARK M.D.	
STREET ADDRESS	2919 SWANN AVE #401	
CITY-ST-ZIP	TAMPA FL	
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		

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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 873 872 1548

CR2E034 (9/01)