

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007858

1. Entity Name

FLORIDA NEUROLOGICAL INSTITUTE, LLC

FILED

01 JUL 10 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
600 DRUID ROAD EAST
CLEARWATER FL 33756-3912

Mailing Address
600 DRUID ROAD EAST
CLEARWATER FL 33756-3912



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2956928

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMESFAHR, WILLIAM M MD
600 DRUID ROAD EAST
CLEARWATER FL 33756-3912

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]

4/25/01

727-461-4464

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Delete
NAME WILLIAM HAMMESFAHR, MD
STREET ADDRESS 16110 5TH ST E
CITY-ST-ZIP REDINGTON BEACH FL 33708

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

TITLE VICE PRESIDENT ☐ Delete
NAME GINA PRESSON HAMMESFAHR
STREET ADDRESS 16110 5TH ST E
CITY-ST-ZIP REDINGTON BEACH, FL 33708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400004480854--7
CITY-ST-ZIP -07/17/01--01063--008

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/01

727-461-4464

Date

Daytime Phone #

CR2E083 (11/00)

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