

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006033

DOCUMENT # L00000007858

1. Entity Name

FLORIDA NEUROLOGICAL INSTITUTE, LLC



FILED  
03 APR 28 AM 8:30  
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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

MJH

4. FEI Number 59-2956928

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

SIGNATURE

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 Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMESFAHR, WILLIAM 16110 5TH ST. E REDINGTON BEACH FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMESFAHR, GINA PRESSON 16110 5TH ST. E REDINGTON BEACH FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E083 (10/02)