

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014041

1. Entity Name

NEUROSURGEONS.CC, LLC

Principal Place of Business

1601 S. APOLLO BOULEVARD
MELBOURNE FL 32901

Mailing Address

1601 S. APOLLO BOULEVARD
MELBOURNE FL 32901

2. Principal Place of Business

32 Suntree Place

Suite, Apt. #, etc.

3. Mailing Address

32 Suntree Place

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip
32940

Country
USA

City & State

Melbourne, FL

Zip
32940

Country
USA

4. FEI Number

59-3682817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD, SUITE 505
MELBOURNE FL 32901

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

(NOTE: Registered Agent signature required when reinstating)

3/09/01

DATE

FILE NOW!!! FEE \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME MATUK, FAIRUZ M.D.
STREET ADDRESS 1282 U.S. HIGHWAY NO. 1
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE MGR
NAME THEODOTOU, BASIL M.D.
STREET ADDRESS 1601 S. APOLLO BOULEVARD
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 32 Suntree Place
CITY-ST-ZIP Melbourne, FL 32940 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 32 Suntree Place
CITY-ST-ZIP Melbourne, FL 32940 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 700003891517--2
CITY-ST-ZIP -03/21/01--01116--027 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 (11/00)

0006154 AF

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE