

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90078 042 ****50.00

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1. Entity Name

HAMMESFAHR NEUROLOGICAL INSTITUTE, LLC



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3761466**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **HAMMESFAHR, WILLIAM**
STREET ADDRESS **16110 FIFTH STREET EAST**
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE **HAMMESFAHR, WILLIAM** ☒ Change ☐ Addition
NAME **(SPELLING)**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HEMMESFAHR, GINA P**
STREET ADDRESS **16110 FIFTH STREET EAST**
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE **HAMMESFAHR, GINA** ☒ Change ☐ Addition
NAME **(SPELLING)**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

CR2E083 (10/02)