

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

06-20-2003 90001 011 \*\*\*\*50.00

**DOCUMENT # L02000017491**

1. Entity Name

**AMERICAN NEUROLOGICAL ASSOCIATES, LLC**



Principal Place of Business

**8920 HECKSCHER DR.  
FT. GEROGE ISLAND FL 32226**

Mailing Address

**8920 HECKSCHER DR.  
FT. GEROGE ISLAND FL 32226**

2. Principal Place of Business

**5912 BEACH BLVD**

3. Mailing Address

**5912 BEACH BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL.**

City & State

**JACKSONVILLE, FL.**

Zip

**32207**

Country

**DUVAL**

Zip

**32207**

Country

**DUVAL**

4. FEI Number

**41-2051112**

☒ 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

**RAYNE, KEITH  
8920 HECKSCHER DR.  
FT. GEROGE ISLAND FL 32226**

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	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERT VESTAL</b>	
STREET ADDRESS	<b>8920 HECKSCHER DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA</b>	
TITLE	<b>MANAGER MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN OLEVNIK</b>	
STREET ADDRESS	<b>P.O. BOX 54640</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32245</b>	
TITLE	<b>MANAGER MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KEITH RAYNE</b>	
STREET ADDRESS	<b>5912 BEACH BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32207</b>	
TITLE	<b>MANAGER MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICIA SHOCKLEY</b>	
STREET ADDRESS	<b>1170 LINKSIDE CT.</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH, FL. 32233</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

**4/30/03**

**904 962-1249**

Date

Daytime Phone #

CR2E083 (10/02)