

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L32915

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: THE BALANCE DISORDERS CLINIC, INC.

**Current Principal Place of Business:**

1401 CENTERVILLE RD., SUITE 510  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13393  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 59-2984100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAITLAND, CHARLES G  
4935 ARDEN FORREST WAY  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAITLAND, CHARLES G  
Address: 4935 ARDEN FORREST WAY  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES G. MAITLAND, MD

DR.

04/28/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date