

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90212 049 ***150.00

DOCUMENT # L38658

1. Entity Name -

THE NEUROSURGERY CLINIC OF THE PALM BEACHES, P.A

Principal Place of Business
3370 BURNS ROAD
SUITE 200
PALM BEACH GARDENS FL 33410
US

Mailing Address
3370 BURNS ROAD
SUITE 200
PALM BEACH GARDENS FL 33410
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0142235**
 Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GOODMAN, STUART M~~ **GOMEZ, HELDO MD**
3370 BURNS RD. STE 200
SUITE 201
PALM BEACH GARDENS FL 33410

Name **Heldo Gomez MD, PA**
 Street Address (P.O. Box Number is Not Acceptable) **3370 Burns Rd Suite 200**
 City **Palm Beach Gardens** FL Zip Code **33410**

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 *Heldo Gomez*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/14/01

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, HELDO MD 3370 BURNS RD SUITE 200 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MAGANA, IGNACIO, M.D. 3370 BURNS ROAD, STE 200 PALM BEACH GRDNS FL	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, HELDO, M.D. 3370 BURNS ROAD, Suite 200 PALM BEACH GARDENS, FL 33410	<input checked="" 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
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

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 (561) 627-7855

Date

Daytime Phone #

CR2E034 (10/00)