

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90078 045 ***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

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 **65-0142235**

Applied For
 Not Applicable

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

GOMEZ, MD, HELDO
3370 BURNS RD. STE 200
SUITE 200
PALM BEACH GARDENS FL 33410

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)

DATE

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, 2002 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 **DP** ☐ Delete
 NAME **GIOMEZ, HELDO MD**
 STREET ADDRESS **3370 BURNS RD SUITE 200**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **DST** ☐ Delete
 NAME **MAGANA, IGNACIO, M.D.**
 STREET ADDRESS **3370 BURNS ROAD, STE 200**
 CITY-ST-ZIP **PALM BEACH GRDNS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 of Helda Gomez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HELDO GOMEZ 4/23/02 (561) 627-7855**
 Date Daytime Phone #

CR2E034 (9/01)