

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003414

1. Entity Name
NEUROSCIENCE AND SPINE ASSOCIATES, P.L.

Principal Place of Business Mailing Address
670-GOODLETTE ROAD-NORTH 670-GOODLETTE ROAD-NORTH
NAPLES-FL 34102 NAPLES-FL 34102-5642

2. Principal Place of Business 1660 Medical Blvd
3. Mailing Address 1660 Medical Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 Suite 200

City & State City & State
Naples, Florida Naples, Florida

Zip Country Zip Country
34110 Collier 34110 Collier

MMW

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0703990
Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSSEY, F. DESMOND III
670 GOODLETTE ROAD NORTH
NAPLES FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003245860--6
-05/03/00 DATE=01131--004
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCAW, BEAUREGARD L M.D. 670 GOODLETTE ROAD NORTH NAPLES FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lusk, Michael D, M.D. 670 Goodlette Rd., N. Naples, Florida 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUDDERTH, DAVID B M.D. 670 GOODLETTE ROAD NORTH NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVAK, MICHAEL D 670 GOODLETTE ROAD NORTH NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Novak, Michael D. 1660 Medical Blvd, Suite 200 Naples, Florida 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANDEL, JOSEPH MD 670 GOODLETTE ROAD NORTH NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kandel, Joseph, M.D. 1660 Medical Blvd, Suite 200 Naples, Florida 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUSSEY, F. DESMOND III MD 670 GOODLETTE ROAD NORTH NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORELL, THOMAS C M.D. 670 GOODLETTE ROAD NORTH NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Morell, Thomas C., M.D. 8380 Riverwalk Pk, Blvd, Suite 320 Fort Myers, Florida 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 941-449-8833

SIGNATURE: Desmond Hussey, III April 26, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)