

2001 UNIFORM BUSINESS REPORT (UBR)

00210390 AF

DOCUMENT # **L98000003414**

1. Entity Name

NEUROSCIENCE AND SPINE ASSOCIATES, P.L.

FILED

01 APR 16 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110

Mailing Address

1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0703990

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 Department of State

700004078047--3
-04/25/01--01085--012
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUSK, MICHAEL D M.D.
670 GOODLETTE ROAD NORTH
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Lusk, Michael D., M.D.
1660 Medical Blvd., Suite 200
Naples, Florida 34110 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SUDDERTH, DAVID B M.D.
670 GOODLETTE ROAD NORTH
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Sudderth, David B., M.D.
1660 Medical Blvd., Suite 200
Naples, Florida 34110 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NOVAK, MICHAEL D
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KANDEL, JOSEPH MD
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HUSSEY, F. DESMOND III MD
670 GOODLETTE ROAD NORTH
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Hussey, F. Desmond III, M.D.
1660 Medical Blvd., Suite 200
Naples, Florida 34110 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORELL, THOMAS C M.D.
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Shepard, Douglas, M.D.
1660 Medical Blvd., Suite 200
Naples, Florida 34110 ☐ Change ☒ 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 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

Date

Daytime Phone #

CR2E083 (11/00)