

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90006 012 ****50.00

DOCUMENT # L98000003414

1. Entity Name

NEUROSCIENCE AND SPINE ASSOCIATES, P.L.

Principal Place of Business

**1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110**

Mailing Address

**1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110****B0036433**

DO NOT WRITE IN THIS SPACE

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

65-0703990

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LUSK, MICHAEL D M.D.
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SUDDERTH, DAVID B M.D.
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NOVAK, MICHAEL D
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KANDEL, JOSEPH MD
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HUSSEY, F. DESMOND III MD
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MORELL, THOMAS C M.D.
1660 MEDICAL BLVD., SUITE 200
NAPLES FL 34110** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 (9/01)