

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90614 037 *****50.00

0039089

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSK, MICHAEL D M.D. 1660 MEDICAL BLVD., SUITE 200 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUDDERTH, DAVID B M.D. 1660 MEDICAL BLVD., SUITE 200 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVAK, MICHAEL D 1660 MEDICAL BLVD., SUITE 200 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANDEL, JOSEPH MD 1660 MEDICAL BLVD., SUITE 200 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUSSEY, F. DESMOND III MD 1660 MEDICAL BLVD., SUITE 200 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORELL, THOMAS C M.D. 1660 MEDICAL BLVD., SUITE 200 NAPLES FL 34110	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK RUBINO 1660 MEDICAL BLVD., STE. 200 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK GERBER 1660 MEDICAL BLVD., STE. 200 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN WILSON 1660 MEDICAL BLVD., STE. 200 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" 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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/03 239-6491662

CR2E083 (10/02)