

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000000892

**1. Entity Name**  
NEUROLOGY IPA L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -7 AM 10:02

**Principal Place of Business**  
8780 S.W. 92ND STREET, SUITE 212  
MIAMI FL 33136

**Mailing Address**  
8780 S.W. 92ND STREET, SUITE 212  
MIAMI FL 33136



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**

65-0896556

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**

GRAN, BERNARD M.D.  
8780 S.W. 92ND STREET, SUITE 212  
MIAMI FL 33136

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**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

MGRM  
GRAN, BERNARD M.D.  
8780 S.W. 92ND STREET, SUITE 212  
MIAMI FL 33136

☐ Delete

☐ Change ☐ Addition

400003354044-0  
-08/11/00-01083-011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**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 OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)