

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90115 002 \*\*\*\*50.00

**DOCUMENT # L99000000892**

1. Entity Name

**NEUROLOGY IPA L.C.**

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0896556**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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

TITLE  
NAME

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

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/1/02

305-588-2070

CR2E083 (9/01)