

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006773

1. Entity Name

NEUROLOGICAL & VASCULAR DIAGNOSTICS, L.L.C.

Principal Place of Business

2459 SHADECREST ROAD  
LAND O LAKES FL 34639

Mailing Address

2459 SHADECREST ROAD  
LAND O LAKES FL 34639

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

59-3605114

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARRIOS, JAMES A  
310 EAST MAIN STREET  
LAKELAND FL 33801

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGRM  
TAYLOR, GRESS J  
STREET ADDRESS 2459 SHADECREST ROAD  
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP 700004384277--5  
-06/08/01--01099--014

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*\*55.00

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

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

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

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

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 #

FILED

01 MAY 11 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE