

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006907

1. Entity Name
NEUROTESTING OF FL, L.L.C.

Principal Place of Business

1327 PINEBROOK WAY
VENICE FL 34292

Mailing Address

1327 PINEBROOK WAY
VENICE FL 34292-1434

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HANNON, HOLLY
1327 PINEBROOK WAY
VENICE FL 34292

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 MGR
STREET ADDRESS NEUROTESTING, INC.
CITY- ST- ZIP 1327 PINEBROOK WAY
VENICE FL 34292

TITLE NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
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TITLE NAME
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: *Holly Hannon* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-28-00

Date

941-480-9729

Daytime Phone #

APPROVED
AND
FILED

00 MAY -3 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0933676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

CR2E083 (9/99)