

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L99000006907

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

380 Interstate Ct.

3. Mailing Address

380 Interstate Ct.

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34240

Country

U.S.A.

Zip

34240

Country

U.S.A.

4. FEI Number

65-0933676

Applied For

Not Applicable

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

HANNON, HOLLY

**1327 PINEBROOK WAY
VENICE FL 34292**

Name

Street Address (P.O. Box Number is Not Acceptable)

380 INTERSTATE COURT #205

SARASOTA, FL

City

FL

Zip Code

34240

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

Holly Hannon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-8-01

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 26, 2001**

600004536986--9

-08/16/01--01005--006

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NEUROTESTING, INC.
1327 PINEBROOK WAY
VENICE FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Holly HANNON
NEUROTESTING, INC.
380 INTERSTATE COURT Suite #205
SARASOTA, FL 34240** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Holly Hannon

SIGNATURE REQUIRED

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

Date

Daytime Phone #

8-8-01 941-755-9408

CR2E083 (5/01)