

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -7 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007845

1. Entity Name

NEURO MEDICAL, LLC

Principal Place of Business

8001 NORTH DALE MABRY HWY
SUITE 501
TAMPA FL 33614

Mailing Address

8001 NORTH DALE MABRY HWY
SUITE 501
TAMPA FL 33614-3290



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same AS Above
Suite, Apt. #, etc.
501-C

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3608614

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABRE, LOUIS PEREZ
8001 NORTH DALE MABRY HWY
SUITE 501
TAMPA FL 33614

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 President
NAME Louis Cabre - MGRM
STREET ADDRESS 8001 N. Dale Mabry Hwy. Suite 501-C
CITY-ST-ZIP TAMPA FL 33614

TITLE Vice President
NAME Francis Barber - MGRM
STREET ADDRESS 8001 N. Dale Mabry Hwy. Suite 501-C
CITY-ST-ZIP TAMPA FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003296651--6
-06/20/00-01035-010
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
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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:

LOUIS CABRE

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

4/28/00

Date

813-915-1636

Daytime Phone #