

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008316

1. Entity Name
WINDSOR OAKS NEUROLOGY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business

4940 S.E. FORT KING ST.
OCALA FL 34474

Mailing Address

4940 S.E. FORT KING ST.
OCALA FL 34470-1504

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

59 361 2834

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

HOWELL, GREGORY
4940 S.E. FORT KING ST.
OCALA FL 34474

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

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS HOWELL, GREGORY
CITY - ST - ZIP 4940 S.E. FORT KING ST.
OCALA FL 34474 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 7000003103787-5
CITY - ST - ZIP -01/20/00--01019--007
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS (KEN) NG, CHI-KIN
CITY - ST - ZIP 3700 S.W. 26TH AVE.
OCALA FL 34474 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS GAUDIER, JOSE A
CITY - ST - ZIP 1520 S.E. 23RD AVE.
OCALA FL 34471 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS GAYA', WILLIAM
CITY - ST - ZIP 2901 S.W. 41ST ST. #1904
OCALA FL 34474 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

TITLE NAME ☐ Delete
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 REQUIRED

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

Date

Daytime Phone #

1/5/2000

1-352-732-7095

CR2E083 (9/99)