200	1 UNIFORM BUS	INESS REPO	RT (UB	R)	APEROVE		), 1,04041	
DOCUMENT # L9900008316  1. Entity Name WINDSOR OAKS NEUROLOGY, LLC					FILED			
Principal Place of Business Mailing Address					SECRETARY OF STATE			
4940 S.E. FORT, KING ST. 4940 S.E. FORT KING ST.					TALL AHASSEE, FL	ORIDA		
OCALA FL 3	4474	OCALA FL 34474-		•	Property of the second			
2. Principal Place of Business 1901 SE 18 AVE  3. Mailing Address 1901 SE 18 AVE						######################################	<b>u</b>	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	/170		DO NOT WRITE IN THIS	SPACE		
Building 400A Building 400 City & State City & State				4. FEIN	lumber	Appli	ed For	
OCAL	A, FL	OCALA, F	1	4, FEI	59-3612834	<del> </del>	pplicable	
Zip 3447/USA 3		34471	Country U 5A	5. Certi	5. Certificate of Status Desired Specificate of Status Desired Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HOWELL	, GREGORY		Name					
-	, anedont <del>: FORT KING ST.</del>	aldres	Street A	Address (P.O. Box N	(P.O. Box Number is Not Acceptable)			
OCALA F		heans	Bus	LXING !				
		bull	800		FL	Zip Gode	,	
8. The above	e named entity submits this statement for	or the purpose of changing its				- 37-4	/	
	G/ 1	11 210			Mul	/ 2-37	[	
SIGNATURE	Signature, typed or printed name of expistere agent	and title if applicable. (NOTE	: Registered Agent signat	ture required when reinstation	ng) DATE	2001		
		FII E NO		250.00				
	•	Make Check Pa	•		\$ 	•		
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE		7.00711011070111111020		Addition 8	
NAME STREET ADDRESS	HOWELL, GREGORY	-	NAME STREET ADDRESS	1901 55	18 MANE BLAG	YOOM	Addition (00/11) 883	
CITY-ST-ZIP	4949 S.E. FORT KING 9T. OCALA FL 34474		CITY-ST-ZIP	CORIN	FL 34471	,	1 (11)	
TITLE	MGR	☐ Delete	TITLE ·			Change [	Addition 8	
NAME STREET ADDRESS	(KEN) NG, CHI-KIN 19700 S.W. 20TH AVE.		NAME STREET ADDRESS	1901 JE	18th A12, BLXG 4	400A	١	
CITY-ST-ZIP	OCALA FL 34474	· · · · · · · · · · · · · · · · · · ·	CITY-ST-Z(P	OCALH	FL 3447/			
TITLE NAME	MGR LOSE A	□ Delete	NAME	_ ~ :		_,	Addition	
STREET ADDRESS	GAUDIER, JOSE A 1520-3:E: 23RD AVE.		STREET ADDRESS	1901 SE	18th AVZ BURG	4004	J	
CITY-ST-ZIP	OCALA FL 34471-		City-St-ZIP	OCALA I	2 34471		7.4.100	
TITLE NAME	MGR   Gaya', William	☐ Delete	TITLE NAME		DA NE BIL	Change [	Addition	
STREET ADDRESS CITY-ST-ZIP	2901 S.W. 41ST ST. #1904		STREET ADDRESS	1901 32,	18th AVE. BLAG	7 COM		
TITLE	OCALA FL 34474	☐ Delete	CITY-ST-ZIP	OGACH.	<b>300004134</b>	363-	Addition	
NAME		Sciete	NAME		*****50.00	117 YS*****5()。   ******5()	7 /	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•				
TITLE		☐ Delete	TITLE			Change [	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have t	the exemption stat he same legal effec	ed in Section 119.0 ct as if made under	7(3)(i), Florida Statutes. I further certoath; that I am a managing membe	tify that the inforr	mation the	

GOREGORY J. HOWELL) 1/11/2001 352 732 7095
SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #