

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90181 047 \*\*\*\*61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N00000001240**

1. Entity Name

NEUROBEHAVIORAL MEDICINE CENTER OF BRADENTON, IN

Principal Place of Business

3255 PINE VALLEY DR.  
 SARASOTA FL 34232

Mailing Address

3255 PINE VALLEY DR.  
 SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, MICHAEL  
 1800 2ND ST., SUITE 850  
 SARASOTA FL 34236

Name

Rayfield, Beverly B

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

3255 Pine Valley Dr or 3679 Webber

City

Sarasota

FL

Zip Code

34232

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

*Beverly B Rayfield*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 / Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<del>BEVERLY B</del>			<input type="checkbox"/> Delete	D	BEVERLY B RAYFIELD	3255 PINE VALLEY DR	SARASOTA, FL 34239	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	D	BARNES, WILLIAM L	28143 CANAL RD	ORANGE BEACH, AL 36561	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	D	NIES, Robert J	3679 Webber St	SARASOTA, FL 34239	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Beverly B Rayfield*

4/25/01

Date

941-925-8892

Daytime Phone #

CR2E037 (10/00)

Attachment  
#HAWAII 240



8076

**ELECTRONIC  
ACCESS CODE**

0091