

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006020

1. Entity Name

ASSOCIATION FOR COMPREHENSIVE NEUROTHERAPY, INC.

Principal Place of Business

214 TRACE COURT
ROYAL PALM BEACH FL 33411

Mailing Address

1128 ROYAL PALM BEACH BLVD
SUITE 283
ROYAL PALM BEACH FL 33411-1607
US

2. Principal Place of Business

3. Mailing Address

PO Box 210848

Suite, Apt. #, etc.

ROYAL PALM BEACH

City & State

FL

Zip

33421-0848

Country

USA

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90059 017 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0773907

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

PAULL, RICHARD J
13833 WELLINGTON TRACE
SUITE E-14
WELLINGTON FL 33414

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 \$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
D
ROGERS, SHEILA
214 TRACE COURT
ROYAL PALM BEACH FL 33411 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KRUGER, JONATHAN
907 NE 7TH AVENUE
DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
New address.
PO Box 1378
Lisle, IL 60532

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZASLOVE, MARSHALL M.D.
1115 3RD AVENUE
NAPA CA 94558 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Sheila Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00 5617980472
Date Daytime Phone #

C 32E037 (9/99)