FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91164 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020805

1. Entity Name
NEUROLOGICAL / NEUROSURGICAL PAIN MGT. CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8390 W. FLAGLER ST.
Suite, Apt. #, etc.: #107
City & State: MIAMI, FL
Zip: 33144
Country:

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0985841 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: RICHARD O. GERSHNIK
Street Address (P.O. Box Number is Not Acceptable): 8390 W. FLAGLER ST. #107
MIAMI
City: FL. FL Zip Code: 33144

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]
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 – May 1 Fee is $150.00 / After May 1, Fee is $550.00 / Amendment Fee is $35.00 / Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP
PSD	RICHARD O. GERSHANIK 8390 W. FLAGLER St. #107 MIAMI, FL. 33144
T	IRENE T. SIRVENT 8390 W. FLAGER ST. 107 MIAMI, FL. 33144
V	David Gershanik 8390 W. Flagler St 107 Miami FL 33144

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/02 (305) 551-0462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (12/01)