

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90061 044 ***150.00

DOCUMENT # P00000035461

1. Entity Name

U.S. NEUROLOGICAL CONSULTANTS, INC.

Principal Place of Business

**18260 NE 19TH AVENUE SUITE 204
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**18260 NE 19TH AVENUE SUITE 204
 NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

6067 Hollywood Blvd

Suite, Apt. #, etc.

3rd Floor

3. Mailing Address

6067 Hollywood Blvd

Suite, Apt. #, etc.

3rd Floor

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33024

Country

Broward

Zip

33024

Country

Broward

4. FEI Number

65-1004318

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, STEVEN B

**18260 NE 19TH AVENUE SUITE 204
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

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

Steven B Brown MD

Steven B. Brown

President

3/08/02

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **BROWN, STEVEN B**
 STREET ADDRESS **18260 NE 19TH AVENUE SUITE 204**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven B Brown MD **Steven B. Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/02

Date

(954) 981-9777

Daytime Phone #