

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90109 032 ***150.00

DOCUMENT # P00000058210

1. Entity Name

FLORIDA NEUROSURGICAL CONSULTANTS, P.A.

Principal Place of Business

Mailing Address

**3319 LAKEVIEW OAKS DRIVE
 LONGWOOD FL 32779**

**3319 LAKEVIEW OAKS DRIVE
 LONGWOOD FL 32779**

2. Principal Place of Business

1900 N. Mills AVE.

3. Mailing Address

1900 N. Mills AVE

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

593651775

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

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

~~SAWIN, PAUL D MD~~
**3319 LAKEVIEW OAKS DRIVE
 LONGWOOD FL 32779**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **SAWIN, PAUL D MD**
 CITY-ST-ZIP **3319 LAKEVIEW OAKS DRIVE
 LONGWOOD FL 32779**

TITLE Change Addition
 NAME **V.P.**
 STREET ADDRESS **CHRISTOPHER J. BAKER, MD**
 CITY-ST-ZIP **1900 N. Mills AVE #102
 ORLANDO, FL 32803**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SECRETRES**
 STREET ADDRESS **William Y. Lu, MD**
 CITY-ST-ZIP **1900 N. Mills Av #102
 ORLANDO, FL 32803**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Paul D. Sawin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
 Date

Date

Daytime Phone #