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FILED
Sep 12, 2001 8:00 am
Secretary of State
08-29-2001 90009 031 ***550.00

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P00000075115

1. Entity Name
ST. PETERSBURG NEUROLOGY CLINIC, P.A.

Principal Place of Business	Mailing Address
~~4797 ROYAL PALM CIR NE~~ ~~ST PETERSBURG FL 33703~~	~~4797 ROYAL PALM CIR NE~~ ~~ST PETERSBURG FL 33703~~

2. Principal Place of Business		3. Mailing Address	
1099 5th Ave North,		as in #2	
Suite, Apt. #, etc.: Suite 300		Suite, Apt. #, etc.	
City & State: St Petersburg FL		City & State	
Zip: 33705	Country: USA	Zip	Country

4. FEI Number: 593666648 ☐ 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
FRANKLIN, MICHAEL A MD ~~4797 ROYAL PALM CIR NE~~ ~~ST PETERSBURG FL 33703~~	Name: Franklin, Michael A. Street Address (P.O. Box Number is Not Acceptable): 1099 5th Ave North, Suite 300 City: St Petersburg **FL** Zip Code: 33705

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 Michael A Franklin, MD. Michael A. Franklin, M.D. (V, S, T) Vice President, Secretary, Treasurer St Petersburg Neurology Clinic P.A. 7/13/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: V, S, T NAME: Michael A. Franklin, M.D. STREET ADDRESS: 1099 5th Ave N., Suite 300 CITY-ST-ZIP: St Petersburg, FL 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P NAME: Allan S. Weiss, M.D. STREET ADDRESS: 1099 5th Ave N, Suite 300 CITY-ST-ZIP: St Petersburg, FL 33705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED Michael A Franklin MD. Michael A. Franklin, M.D. V, S, T 7/13/01 (727)820-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #