2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90050 012 ***150.00

B0020189

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000083670 ✓

1. Entity Name
Granada Neurology & Rehabilitation

Principal Place of Business / Mailing Address
c/o Linda Lombardo
165 Sagebrush Trl, Ste. C
Ormond Beach, FL 32174

2. Principal Place of Business: same as above
Suite, Apt. #, etc.
City & State
Zip
Country: US

3. Mailing Address: same as above
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 59-3668199
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Linda Lombardo
c/o Granada Neurology & Rehabilitation
165 Sagebrush Trl., Ste. C
Ormond Beach, FL 32174

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 _____
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Lombardo, Linda S.	NAME	
STREET ADDRESS	165 Sagebrush Trl., Ste C	STREET ADDRESS	
CITY-ST-ZIP	Ormond Beach, FL 32174	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Dr Linda S. Lombardo — Dr Linda S. Lombardo — 3/13/01 — (904)673-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #