

# 2002 UNIFORM BUSINESS REPORT (UBR)

10f2

**DOCUMENT # P00000103899**

1. Entity Name

**THE NEUROLOGY GROUP, INC.**

FILED

02 JUL 18 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8780 SW 92 STREET #212  
MIAMI FL 33176

Mailing Address

8780 SW 92 STREET #212  
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0302308

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

**HERSKOWITZ, ALLAN**  
8780 SW 92 STREET #212  
MIAMI FL 33176

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 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	D HERSKOWITZ, ALLAN 8780 SW 92 STREET #212 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORAN, BERNARD 8780 SW 92 STREET #212 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p>000006590450-0</p> <p>-07/23/02--01045--008</p> <p>*****150.00 *****150.00</p>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other duly empowered.

**SIGNATURE:** SIGNATURE OF ALLAN HERSKOWITZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

**THE NEUROLOGY GROUP**

\* DIPLOMATES, AMERICAN BOARD OF NEUROLOGY

**ALLAN HERSKOWITZ, M.D., F.A.C.P. \***  
**BRAD HERSKOWITZ, M.D.**

**BERNARD GRAN, M.D. \***  
**GUILLERMO A. MARTINEZ, M.D. \***

Attachment  
# 20f2

July 12, 2002

Division of Corporation  
Box 6327  
Tallahassee, Fl 32314

RE: The Neurology Group  
Document#: P00000103899

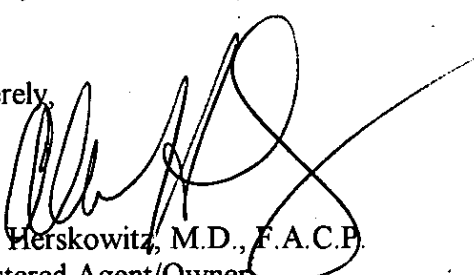
To Whom It May Concern:

Please be advised that we did not receive the initial request for the UBR report, which you mail out in January of every year. Last year, we had the same issue come up and turned out that the Tampa facility, which was then inactive, was receiving the requests.

I am enclosing check number 4511 in the amount of \$150.00 to process the UBR report; also, please note that for the past two years we have been advising you that Bernard Gran's name has been misspelled. Please make corrections so that this doesn't happen again.

Thank you so much for your assistance and prompt attention to this matter.

Sincerely,

  
Allan Herskowitz, M.D., F.A.C.P.  
Registered Agent/Owner