## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000103899

1. Entity Name

THE NEUROLOGY GROUP, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90452 004 \*\*\*150.00

Principal Place of Business 8780 SW 92 STREET #212 MIAMI FL 33176			Mailing Address 8780 SW 92 STREET #212 MIAMI FL 33176									
2. Principa	I Place of Busi	ness	la vi	1-25	<u>-</u>							
		TICSG	3. Mailing Address						ı immishadı sılı mürti 98.tif 00111 E	BILL BOLD I TIBLE	848# H(Q)   <b>C</b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FE	65-0302308	3		Applied For Not Applicabl
Zip Country			Zip			Country		<b>5</b> . Ce	rtificate of Status Desired		\$8.75 A	dditional
	6. Name	and Address of Curren	t Register	red Agent	ــــــ	<del></del>		7. Nai	me and Address of New	Pagistared	Fee Requi	red
HEDOVO		<del>-</del> . <del></del>				Name		,	· ·			
	Witz, allan ' 92 street					Street Add	ress (P.0	D. Box	Number is Not Acceptab			
MIAMI FL		#212										
1715 4711 7 2	. 00170											
						City				FL	Zip Co	
<ol><li>The above the obligation</li></ol>	e named entity ations of registe	y submits this statement for	or the purp	pose of changing its	registere	ed office or re	gistered	agent	, or both, in the State of Fl	orida. I am f	 amiliar with	n, and accept
SIGNATURE		· .										·
	Signature, typed o	or printed name of registered agent	and title if ap	plicable. (NOTI	E: Registered	Agent signature r	equired wh	en reinsta	ating)	DATE		
Afte Make Chec	er May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State						Election Campaign Fi Trust Fund Contribution	nancing on.		00 May Be
10.	<b>D</b>	OFFICERS AND	DIRECTO		11.			ADDIT	IONS/CHANGES TO OFF	ICERS AND	DIRECTOR	3S IN 11
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	8780 SW 9	2 STREET #212			NAME STREET	T ADDRESS						
CITY-ST-ZIP	MIAMI FL 3					ST-ZIP						
TITLE	D GRA			☐ Delete	TITLE		-		·		☐ Change	Addition
NAME STREET ADDRESS	GRAN, BER	inard 2 Street #212			NAME							
CITY-ST-ZIP	MIAMI FL 3				STREET CITY-S	T ADDRESS						
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name Street Aodress	]				NAME				**		Change	☐ Addition
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AME Treet address					NAME		1				onlingo	Addition
ITY-ST-ZIP					STREET A	ADDRESS 1-7IP	'					
2.   hereby c	ertify that the in	nformation supplied with t	his filing o	does not finally for t			Sontia	110.0	37/2V() Flacid Co	<u> </u>		
indicated of the corp	on this report of poration or the	or supplemental report is treceiver or trustee empor	rue and a	ccurate and that my	signature	e shall lave to	he same	e legal	97(3)(i), Florida Statutes. I effect as if made under of atutes; and that my name	turther certify ath; that I am	that the in an officer	iformation or director
changed,	or on an attach	nment with an addings wi	th all othe	er like en owered.	s required	a by phapter i	007, FIO	noa St	atules; and that my name	appears in E	lock 10 or	Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

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Daytime Phone #