

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91134 001 ***150.00

DOCUMENT # P01000033347

1. Entity Name
CARE NEUROLOGY, P.A.

Principal Place of Business

**1016 CALOOSA DR.
 SARASOTA FL 34234**

Mailing Address

**1016 CALOOSA DR.
 SARASOTA FL 34234**

2. Principal Place of Business

1219 EAST AVE SOUTH

Suite, Apt. #, etc.

SUITE 202

City & State

SARASOTA, FL

Zip

34239

Country

USA

3. Mailing Address

1219 EAST AVE SOUTH

Suite, Apt. #, etc.

SUITE 202

City & State

SARASOTA FL

Zip

34239

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1098323

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRANCZEK, SCOTT P M.D.

1016 CALOOSA DR.

SARASOTA FL 34234

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, 2002 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

TITLE **PRESIDENT** ☐ Delete
 NAME **FRANCZEK, SCOTT P M.D.**
 STREET ADDRESS **1016 CALOOSA DR.**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)