

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90254 001 \*\*\*150.00

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

DOCUMENT # P01000046375

1. Entity Name  
NORTHEAST FLORIDA NEUROLOGY CLINICS, INC.



Principal Place of Business  
1361 S. 13TH AV.  
SUITE 170A  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
1361 S. 13TH AV.  
SUITE 170A  
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
59-3716706

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

FAIRBANKS, RANDAL C  
217 PONTE VEDRA PARK DRIVE SUITE 200  
PONT VEDRA BEACH, FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEES \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME BOEHME, RICHARD J MD ☐ Delete  
STREET ADDRESS 1361 S. 13TH AVE SUITE 170A  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE Director & President ☒ Change ☐ Addition  
NAME 1361 S. 13th Avenue, Suite 170A  
STREET ADDRESS Jacksonville Beach, Florida 32250  
CITY-ST-ZIP

TITLE  
NAME Grady L. Carter ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director, Vice President, ☐ Change ☒ Addition  
NAME Secretary & Treasurer  
STREET ADDRESS 1361 S. 13th Avenue, Suite 170A  
CITY-ST-ZIP Jacksonville Beach, Florida 32250

TITLE  
NAME Kevin M. Holthaus ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President, Director ☐ Change ☒ Addition  
NAME 1361 S. 13th Avenue, Suite 170A  
STREET ADDRESS Jacksonville Beach, Florida 32250  
CITY-ST-ZIP

TITLE  
NAME George I. Robinson ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President, Director ☐ Change ☒ Addition  
NAME 1361 S. 13th Avenue, Suite 170A  
STREET ADDRESS Jacksonville Beach, Florida 32250  
CITY-ST-ZIP

TITLE  
NAME Ronnie D. Baugh ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President, Director ☐ Change ☒ Addition  
NAME 1361 S. 13th Avenue, Suite 170A  
STREET ADDRESS Jacksonville Beach, Florida 32250  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 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 #

CR2EC34 (10/02)