

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90213 002 ***150.00

0034919 AV

DOCUMENT # P01000048850
 1. Entity Name
BEACHES NEUROLOGY, P.A.

Principal Place of Business Mailing Address
1370 13TH AVENUE SOUTH SUITE 215 **1370 13TH AVENUE SOUTH SUITE 215**
JACKSONVILLE BEACH FL 32250 **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



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3718389** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE SUITE 200
PONTE VEDRA BEACH FL 32082
 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 Thomas M Snyder MD Thomas M Snyder 1/26/02
 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. ☐
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, THOMAS M MD 1370 13TH AVENUE SOUTH SUITE 215 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas M Snyder MD THOMAS M SNYDER MD 1/26/02 904 249 1041
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (0/0/01)