

2/4.

FILED
Apr 10, 2002 8:00 am
Secretary of State

02-04-2002 90031 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000051091**

1. Entity Name

WEST PALM NEUROLOGY, INC.

Principal Place of Business

1395 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

1395 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651111919

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MITZELFELD, CHARLES
17160 41ST RD. NORTH
LOXAHATCHEE FL 33470

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 State10. 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-ZIPPresident
Charles M. Mitzelfeld
1395 N. Military Trail
WPB, Fla 33409 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ DeleteTITLE
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CITY-ST-ZIP☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 an address, with or without other like empowered.

SIGNATURE:

RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)