

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000072454

FILED
Apr 30, 2003
Secretary of State

Entity Name: NORTH FLORIDA NEUROLOGICAL SURGERY CONSULTATIONS, INC.

Current Principal Place of Business:

2310 NW 15TH PL.
GAINESVILLE, FL 32605

New Principal Place of Business:

2502 NW 58TH BLVD
GAINESVILLE, FL 32606

Current Mailing Address:

2310 NW 15TH PL.
GAINESVILLE, FL 32605

New Mailing Address:

2502 NW 58TH BLVD
GAINESVILLE, FL 32606

FEI Number: 59-3738296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOB, R. PATRICK
2310 NW 15TH PL.
GAINESVILLE, FL 32605

Name and Address of New Registered Agent:

JACOB, R. PATRICK
2502 NW 58TH BLVD
GAINESVILLE, FL 32606

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: R. PATRICK JACOB

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOB, R. PATRICK
Address: 2310 NW 15TH PL.
City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACOB, R. PATRICK
Address: 2502 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: S/T () Change (X) Addition
Name: JACOB, ANNE
Address: 2502 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE JACOB

S/T

04/30/2003

Electronic Signature of Signing Officer or Director

Date