FILED
Jun 08, 2000 8:00 am
Secretary of State
05-12-2000 90084 013 ***150.00

305922

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010191

1. Entity Name
ASSOCIATES IN NEUROLOGICAL CARE

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
38 BARKLEY CIRCLE	P.O. BOX 61943
Suite, Apt. #, etc. 2	Suite, Apt. #, etc.
City & State FORT MYERS FL	City & State FORT MYERS, FL
Zip 33907 Country LEE	Zip 33906 Country LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0464486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GERARDO A. GAMEZ
38 BARKLEY CIRCLE, STE 2
FORT MYERS, FL 33907

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, 2000 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	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GERARDO A. GAMEZ MD	NAME	
STREET ADDRESS	38 BARKLEY CIRCLE, SUITE 2	STREET ADDRESS	
CITY - ST - ZIP	~~FORT MYERS, FL 33909~~ 33907	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034 (8/99)

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] 4/28/00 (941) 939-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

STF FL32381F.1