

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038513

1. Entity Name

PROTECH NEUROLOGY SERVICES, INC.

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90213 014 ***150.00

Principal Place of Business

11708 NICKLAUS CIRCLE
TAMPA FL 33624
US

Mailing Address

ATTN: SHELBI LANSING
P.O. BOX 26221
TAMPA FL 33623-6221
US

2. Principal Place of Business

4112 McTavish Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33624

Country

USA

Country

4. FEI Number

59-3239022

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANSING, SHELBI
11708 NICKLAUS CIRCLE
TAMPA FL 33624

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

S. Lansing

Shelbi R Lansing

3/2/01

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, 2001 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

TITLE DPTS
NAME LANSING, SHELBI
STREET ADDRESS 11708 NICKLAUS CIRCLE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE DV
NAME LANSING, BRADLEY
STREET ADDRESS 11708 NICKLAUS CIRCLE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 all other like empowered.

SIGNATURE:

S. Lansing *Shelbi R Lansing*

Date

3/2/01 (83)264-7702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)