

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90131 049 ***150.00

DOCUMENT # P94000039072

1. Entity Name

FLORIDA NEUROSURGICAL ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

6440 WEST NEWBERRY RD
SUITE 2
GAINESVILLE FL 32605
USBOX 140764
GAINESVILLE FL 32614-0764
US

A001345Z

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3241243

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, ERIC W
6440 W. NEWBERRY RD
STE 401
GAINESVILLE FL 32605

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, ERIC W
BOX 140764
GAINESVILLE FL 32614 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, JENNIFER N
BOX 140764
GAINESVILLE FL 32614 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

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 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 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 changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page

JENNIFER SCOTT 2/4/00 352