

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90011 038 ***150.00

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DOCUMENT # P96000069333

1. Entity Name
NORTH DADE NEUROLOGICAL CONSULTANTS, INC.

Principal Place of Business
1400 N.E. MIAMI GARDENS DR., #20
N MIAMI BEACH FL 33162

Mailing Address
18260 N.E. 19TH AVE., #204
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business
6067 Hollywood Blvd.

3. Mailing Address
6067 Hollywood Blvd.

Suite, Apt. #, etc.
3rd Floor

Suite, Apt. #, etc.
3rd Floor

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number **65-0691174**

Applied For
 Not Applicable

Zip Country
33024 Broward

Zip Country
33024 Broward

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

BROWN, STEVEN B
18671 COLLINS AVE., #3303
SUNNY ISLES FL 33160

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 _____ (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 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 ☐ Delete
 NAME **P BROWN, STEVEN B**
 STREET ADDRESS **18671 COLLINS AVE., #3303**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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: Steve B. Brown **Steve B. Brown** Pres **954-981-9777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)