

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90961 020 \*\*\*150.00

DOCUMENT # **996000096606**  
 Entity Name  
**Neuro Medical MANAGEMENT Group, Inc**

Principal Place of Business Mailing Address  
**4545 NW 103rd AVE** **SAME**  
**Suite 201**  
**SUNRISE FL 33325**

**A3061108**

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **65-0724296** Applied For.  
 Not Applicable  
 Zip Country Zip Country 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  
 Name **Floyd DWilkenson**  
 Street Address (P.O. Box Number is Not Acceptable) **4545 NW 103RD AVE**  
**Suite 201**  
 City **SUNRISE** FL Zip Code **33325**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<b>President</b> <b>Floyd DWilkenson</b> <b>11751 SW 1st Street</b> <b>Plantation FL 33325</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **Floyd DWilkenson** 4/25/00 954 634.3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)