

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016210

1. Entity Name

NEURO MEDICAL, INC.

FILED

May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90079 017 \*\*\*150.00

Principal Place of Business

3205 WEST WATERS AVENUE  
TAMPA FL 33614

Mailing Address

3205 WEST WATERS AVENUE  
TAMPA FL 33614-2867

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3428110

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T CPA  
7345 JACKSON SPRINGS RD  
TAMPA FL 33634

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

TITLE P  
NAME BARBER, FRANCIS  
STREET ADDRESS 2000 92ND AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VP  
NAME CABRE, LOUIS  
STREET ADDRESS 12018 WANDSWORTH DRIVE  
CITY-ST-ZIP TAMPA FL 33626

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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:

*Louis Cabre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 813-915-1636  
Date Daytime Phone #