

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90015 032 ***150.00

DOCUMENT # P97000049118

1. Entity Name

NEUROLOGICAL NETWORK, INC.

Principal Place of Business

Mailing Address

1011 JEFFORDS ST.
 CLEARWATER FL 33756

1011 JEFFORDS ST.
 CLEARWATER FL 33756-4023

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 **59-3449998**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRIOLA, MICHAEL J
1011A JEFFORDS ST.
CLEARWATER FL ~~34616~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code **33756**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KARP, JEFFREY	
STREET ADDRESS	3521 MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER FL 34662	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACIK, BERNARD	
STREET ADDRESS	3231 MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNHIL, JAMES	
STREET ADDRESS	601 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLOCK, DIANA L	
STREET ADDRESS	1011A JEFFORDS ST.	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINOFF, STUART E	
STREET ADDRESS	1011A JEFFORDS ST.	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIEGEL, ALAN M	
STREET ADDRESS	32615 US 19 N., STE. 7	
CITY-ST-ZIP	PALM HARBOR FL 34684	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Diana Pollock* / **Diana Pollock, Director** 2/4/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **7/27/00** Daytime Phone # **727 443-3295**