

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90164 026 ***150.00

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1. Entity Name
NEUROLOGICAL NETWORK, INC.

Principal Place of Business
**1011 JEFFORDS ST.
CLEARWATER FL 33756**

Mailing Address
**1011 JEFFORDS ST.
CLEARWATER FL 33756**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3449998**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Andriola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03 **(727) 443-3295**
Date Daytime Phone #

CR2E034 (10/02)