

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054655

1. Entity Name

PEDIATRIC NEUROSURGERY, P.A.

*R*

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90002 016 \*\*\*150.00

Principal Place of Business  
22 LAKE BEAUTY DR. #204  
ORLANDO FL 32806

Mailing Address  
22 LAKE BEAUTY DR. #204  
ORLANDO FL 32806

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 **59-3454344**

Applied For

Not Applicable

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

**BERKSON, GARY M**  
**1132 SYMONDS AVE.**  
**WINTER PARK FL 32789**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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** ☐ Delete  
NAME **PATTISAPU, JOGI V**  
STREET ADDRESS **22 LAKE BEAUTY DR. #204**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T** ☐ Change ☒ Addition  
NAME **ERIC R. Trumble**  
STREET ADDRESS **22 W. Lake Beauty Dr. #204**  
CITY-ST-ZIP **Orlando, FL 32806**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/2/00*

Date

*407-649-7686*

Daytime Phone #

CR2E034 (5/00)

**PEDIATRIC NEUROSURGERY** DW7792

**Jogi V. Pattisapu, MD, FAAP, FACS**

**Eric R. Trumble, MD**

**Xingang Cai, MD**

**Kay Taylor, RN, BSN**  
Clinical Nurse

**Konnie Howard**  
Office Manager

**Linda Collins**  
Scheduling Secretary

**Deborah Volpe**  
Insurance & Billing

Florida Department of State  
Division of Corporations  
P.O. 6327  
Tallahassee, Fl. 32314

August 3, 2000

**RE: DOCUMENT : P 970000 54655 PEDIATRIC NEUROSURGERY, P.A.**

To whom it may concern,

I am writing this letter to explain the reason I missed the original filing date for the URB report.


When the original paper was sent to us at the beginning of the year, the paper was forwarded to our CPA's office. It was never sent back and I completely forgot about it. I have called them to find out why it was not sent back and they have reported that they are unable to locate it now.

I am sending out this second notice with the check for the \$150.00 in the hopes that you would be able to forgive this extra fee. I know this form is important and I will be sure that in the future I will keep the form in office and handle it myself.

I humbly apologize for my error. We are not late on filing our forms in the past and hope you take this into consideration.

Thank you for your time.

Sincerely,



**Konnie Howard**  
Office Manager