

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90085 038 ***150.00

MAJOR AV

DOCUMENT # P97000066685

1. Entity Name
NEUROSURGICAL CARE NETWORK, INC.

Principal Place of Business

1605 SW 4 COURT
FT LAUDERDALE FL 33312

Mailing Address

1605 S W 4TH COURT
FT LAUDERDALE FL 33312
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18002 RICHMOND PL DR

Suite, Apt. #, etc.

2915

City & State

TAMPA FL

3. Mailing Address

18002 RICHMOND PL DR

Suite, Apt. #, etc.

2915

City & State

TAMPA FL

4. FEI Number

65-0813856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STALLER, AILEEN

1605 S W 4TH COURT

FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

18002 RICHMOND PLACE DRIVE

2915

City

TAMPA

FL

Zip Code

33647

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 *Aileen Staller* **AILEEN STALLER SECRETARY-TREASURER 3/13/2002**

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, 2002 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 **D** ☐ Delete
NAME **ZORMAN, GREG**
STREET ADDRESS **1524 S.W. 5TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
NAME **STALLER, AILEEN**
STREET ADDRESS **1524 S.W. 5TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Aileen Staller* **AILEEN STALLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2002

Date

813-632-1730

Daytime Phone #

CR2E034 (9/01)