

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

18002 RICHMOND PL DR

3. Mailing Address

18002 RICHMOND PL DR

Suite, Apt. #, etc.

2915

Suite, Apt. #, etc.

2915

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33647

Country

HILLSBOROUGH

Zip

33647

Country

HILLSBOROUGH

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

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D ZORMAN, GREG 1524 S.W. 5TH STREET FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLER, AILEEN 1524 S.W. 5TH STREET FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/13/2002 813-632-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2002 UBR

CR2E034 (9/01)