2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90234 039 ***150.00

DOCUMENT # P97000098128

1. Entity Name
NEUROLOGY CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
120 HEALTH PARK BLVD.. STE. 3 ST. AUGUSTINE FL 32086	120 HEALTH PARK BLVD.. STE. 3 ST. AUGUSTINE FL 32086

2. Principal Place of Business	3. Mailing Address
300 HEALTH PARK Blvd	300 HEALTH PARK BLVD
Suite, Apt. #, etc.: Ste 5010	Suite, Apt. #, etc.: Ste 5010
City & State: St. Augustine	City & State: St Augustine
Zip: FL 32086 Country: USA	Zip: FL 32086 Country: USA

4. FEI Number 59-3481270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DESHMUKH, VINOD D
120 HEALTH PARK BLVD., STE. 3
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name: DESHMUKH VINOD D.
Street Address (P.O. Box Number is Not Acceptable): 300 HEALTH PARK Blvd #5010
City: St Augustine FL Zip Code: 32086

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESHMUKH, VINOD D 120 HEALTH PARK BLVD., STE. 3 ST. AUGUSTINE FL 32086	☐ Delete	Same Same 300 Health Park Blvd, Ste 5010 St Augustine, FL 32086	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVT DESHMUKH, VINOD D 120 HEALTH PARK BLVD., STE. 3 ST. AUGUSTINE FL 32086	☐ Delete	Same Same 300 HEALTH PARK BLVD #5010 Same	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DESHMUKH, SUNANDA V 120 HEALTH PARK BLVD. STE. #3 ST. AUGUSTINE FL 32086	☐ Delete	Same Same 300 HEALTH PARK Blvd Ste 5010 Same	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: Vinod D Deshmukh MD PhD 1/9/02 904-808-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #