2000 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2000 8:00 am Secretary of State DOCUMENT # **P98000015304** 1. Entity Name NEUROLOGICAL CONSULTANTS, INC. 09-18-2000 90002 033 ***550 00 Principal Place of Business Mailing Address 4101 RAVENSWOOD RD 4101 RAVENSWOOD RD STE 116 STE 116 \mathbf{O} \mathbf{T} \mathbf{C} \mathbf{G} \mathbf{O} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} **DANIA FL 33312** DANIA FL 33312 US HS 3. Mailing Address 2780 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 و Applied For Gity & State 4. FEI Number 65-0823409 wood Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3021 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALENZUELA, ROBERTO L Street Address (P.O. Box Number is Not Acceptable) 4101 RAVENSWOOD RD **STE 116** DANIA FL 33312 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 П Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAGER, BRUCE NAME NAME STREET ADDRESS 4101 RAVENSWOOD RD #116 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **DANIA FL 33312** VD TITLE ☐ Delete TITLE ☐ Change Addition STRIKOWSKI, JACOB STREET ADDRESS 4101 RAVENSWOOD RD #116 STREET ADDRESS CITY-ST-ZIP **DANIA FL 33312** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change PALENZUELA. ROBERTO L NAME NAME 4101 RAVENSWOOD RD #116 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DANIA FL 33312** CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change ☐ Addition HAWKINS, CHRISTOPHER T NAME NAME STREET ADDRESS 4101 RAVENSWOOD RD #116 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33312** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IB ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

Palenzuela

9/12/00 954-956-970

Daytime Phone #