

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90006 022 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000064321

1. Corporation Name

NEUROLOGICAL RESEARCH INSTITUTE OF SARASOTA, P.A

Principal Place of Business
**1888 HILLVIEW STREET
SARASOTA FL 34239**

Mailing Address
**1888 HILLVIEW STREET
SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1998

4. FEI Number

65-0900368

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

81 Name

JAMES M. SCHUMACHER

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

1888 HILLVIEW STREET

83

SARASOTA, FL 34239

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE **JAMES M. SCHUMACHER, DIRECTOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

DIRECTOR

☐ Change ☒ Addition

1.2 NAME

JAMES M. SCHUMACHER

1.3 STREET ADDRESS

1888 HILLVIEW STREET

1.4 CITY-ST-ZIP

SARASOTA, FL 34239

2.1 TITLE

DIRECTOR

☐ Change ☒ Addition

2.2 NAME

THEODORE G. PROBST

2.3 STREET ADDRESS

1888 HILLVIEW STREET

2.4 CITY-ST-ZIP

SARASOTA, FL 34239

3.1 TITLE

DIRECTOR

☐ Change ☒ Addition

3.2 NAME

V. DANIEL KASSICIEH

3.3 STREET ADDRESS

1888 HILLVIEW STREET

3.4 CITY-ST-ZIP

SARASOTA, FL 34239

4.1 TITLE

DIRECTOR

☐ Change ☒ Addition

4.2 NAME

PETER L. MAYER

4.3 STREET ADDRESS

1888 HILLVIEW STREET

4.4 CITY-ST-ZIP

SARASOTA, FL 34239

5.1 TITLE

DIRECTOR

☐ Change ☒ Addition

5.2 NAME

RYAN S. GLASSER

5.3 STREET ADDRESS

1888 HILLVIEW STREET

5.4 CITY-ST-ZIP

SARASOTA, FL 34239

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES M. SCHUMACHER, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-22-99 941-366-5880

0103517

CR2E034 (5/99)

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610470-90006-22
PROFIT CORPORATION ANNUAL REPORT
1999

DOCUMENT #P98000064321
NEUROLOGICAL RESEARCH INSTITUTE OF SARASOTA, P.A.

REQUEST FOR WAIVER OF LATE FEE

NEUROLOGICAL RESEARCH INSTITUTE OF SARASOTA, P.A. (NRIS),
WAS A NEW ENTITY IN 1998, AND WAS UNAWARE OF ANNUAL
~~CORPORATE FEE WHICH WAS DUE MAY 1, 1999.~~ NRIS HAS NO RECORD
OF RECIEVEING THE FIRST NOTICE AT THEIR MAILING ADDRESS.
ADDITIONALLY, THE BOOKKEEPER FOR NRIS TERMINATED HER
EMPLOYMENT IN APRIL.

REMITTED PLEASE FIND THE ANNUAL FEE IN THE AMOUNT OF \$150.
PER INSTRUCTIONS OF THE OFFICE OF THE DEPARTMENT OF STATE,
PLEASE REMOVE THE \$400 LATE FEE ASSESSMENT FROM THE ACCOUNT
OF NRIS.