FILED
P98000064321

03 MAY 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064321

1. Entity Name
NEUROLOGICAL RESEARCH INSTITUTE OF SARASOTA, P.A.

55031324

Principal Place of Business
1888 HILLVIEW STREET
SARASOTA, FL 34239

Mailing Address
1888 HILLVIEW STREET
SARASOTA, FL 34239

500020562945
06/06/03--01010--038 **150.00

2. Principal Place of Business	3. Mailing Address
5831 BEE RIDGE RD.	5831 BEE RIDGE RD.
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34233 Country USA	Zip 34233 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0900368 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUMACHER, JAMES M
1888 HILLVIEW ST
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name PETER L. MAYER
Street Address (P.O. Box Number is Not Acceptable)
5831 BEE RIDGE RD., STE. 100
City SARASOTA FL Zip Code 34233

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] X 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D / NAME SCHUMACHER, JAMES M / STREET ADDRESS 1888 HILLVIEW ST / CITY-ST-ZIP SARASOTA, FL 34239	☐ Delete	☒ Change ☐ Addition / 3300 S.W. 190TH AVENUE / MIRAMAR, FL 33029
TITLE D / NAME KASSICIEH, V. DANIEL / STREET ADDRESS 1888 HILLVIEW ST / CITY-ST-ZIP SARASOTA, FL 34239	☐ Delete	☒ Change ☐ Addition / 1215 EAST AVE. S., STE 208 / SARASOTA, FL 34239
TITLE D / NAME MAYER, PETER L / STREET ADDRESS 1888 HILLVIEW ST / CITY-ST-ZIP SARASOTA, FL 34239	☐ Delete	☒ Change ☐ Addition / 5831 BEE RIDGE RD., STE 100 / SARASOTA, FL 34233
TITLE D / NAME GLASSER, RYAN S / STREET ADDRESS 1888 HILLVIEW ST / CITY-ST-ZIP SARASOTA, FL 34239	☐ Delete	☒ Change ☐ Addition / 5831 BEE RIDGE RD., STE 100 / SARASOTA, FL 34233
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 4-22-03 941-308-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JT 5/30