

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90179 042 ***158.75

A0065456

DO NOT WRITE IN THIS SPACE

DOCUMENT #
 1. Entity Name **P 980000 74315**
Atwood and McGrath Neurospinal Clinic, Inc.
 Principal Place of Business Mailing Address
P.O. Box 7168
Fort Myers, FL 33911

2. Principal Place of Business **12951 Metro Pkwy Ste 5**
 Suite, Apt. #, etc. **Suite 5**
 City & State **Fort Myers FL**
 Zip **33912** Country
3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 7168**
 City & State **Fort Myers, FL**
 Zip **33911-7168** Country

4. FEI Number **65 0857918** Applied For
 Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Robert A. Hawthorne
3509 SE 10th PL
Cape Coral, FL 33904

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.


11. OFFICERS AND DIRECTORS

TITLE P-D	NAME Michael S. Atwood	<input type="checkbox"/> Delete
STREET ADDRESS 8450 Beacon Blvd		
CITY-ST-ZIP FT MYERS, FL 33907		
TITLE V-D	NAME JOHN W. MCGRATH	<input type="checkbox"/> Delete
STREET ADDRESS 13565 Eagle Ridge Dr #1122		
CITY-ST-ZIP FT MYERS FL 33912		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
APR 25 2001 (941) 274-5829
 Date Daytime Phone #

CR2E034 (11/00)