

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016206

1. Entity Name

CHILD NEUROLOGY, P.A.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90368 003 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br>4237 SALISBURY ROAD<br>JACKSONVILLE FL 32257-32216 | Mailing Address<br>4237 SALISBURY ROAD<br>JACKSONVILLE FL 32216-8029 |
|---|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br>4237 SALISBURY ROAD<br>Suite, Apt. #, etc.<br>SUITE 301<br>City & State<br>JACKSONVILLE, FL<br>Zip<br>32216-8029 Country | 3. Mailing Address<br>4237 SALISBURY ROAD<br>Suite, Apt. #, etc.<br>SUITE 301<br>City & State<br>JACKSONVILLE, FL<br>Zip<br>32216-8029 Country |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br>59-3558375  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

6. Name and Address of Current Registered Agent

MARRANZINI, DARIA  
4315 ARCH CREEK DRIVE  
JACKSONVILLE FL 32257

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 \_\_\_\_\_

|   |  |   |
|---|--|---|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARRANZINI, DARIA<br>4237 SALISBURY ROAD<br>JACKSONVILLE FL 32257-32216 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DARIA F. MARRANZINI, DO. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4237 SALISBURY ROAD, SUITE 301<br>JACKSONVILLE, FL 32216-8029 P |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: DARIA F. MARRANZINI, DO. 5/1/2000 P99-281-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)