

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90173 027 \*\*\*150.00

DOCUMENT # P99000016206

1. Entity Name  
CHILD NEUROLOGY, P.A.

Principal Place of Business

4237 SALISBURY ROAD  
STE 301  
JACKSONVILLE FL 32216

Mailing Address

4237 SALISBURY ROAD  
STE 301  
JACKSONVILLE FL 32216

2. Principal Place of Business

4237 SALISBURY RD  
Suite, Apt. #, etc.  
Suite 301

3. Mailing Address

4237 SALISBURY RD  
Suite, Apt. #, etc.  
Suite 301

City & State

Jacksonville FL

City & State

Jacksonville, FL

Zip  
32216-8028

Country  
USA

Zip  
32216-8028

Country

4. FEI Number 59-3558375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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  
MARRANZINI, DARIA  
Street Address (P.O. Box Number is Not Acceptable)  
8562 CROOKED TREE DRIVE  
JACKSONVILLE  
City  
FL Zip Code  
32256-4560

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 Daria F. Marranzini, M.D. DATE 4/26/01

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

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  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D MARRANZINI, DARIA 4237 SALISBURY ROAD JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MARRANZINI, DARIA 4237 SALISBURY ROAD, SUITE 301 JACKSONVILLE, FL 32216-8028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS 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, M.D. DATE 4/26/01 DAYTIME PHONE # 281-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/00)