

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90221 005 ***150.00

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DOCUMENT # S21945

1. Entity Name
GLADES NEUROLOGICAL TESTING SERVICES, INC.



Principal Place of Business
**5458 TOWN CENTER ROAD
SUITE 22
BOCA RATON FL 33486
US**

Mailing Address
**5458 TOWN CENTER ROAD
SUITE 22
BOCA RATON FL 33486
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0232649**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JILL ESRIG~~ **Kenneth**
**5458 TOWN CENTER RD 24
MIST HEALTH CARE SERVICES
BOCA RATON FL 33432**

Name
KENNETH ESRIG
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. I am familiar with and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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 11

TITLE **PDS** ☐ Delete
NAME **ESRIG, KENNETH N.**
STREET ADDRESS **5458 TOWN CENTER ROAD #22**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
NAME **Michelle ESRIG**
STREET ADDRESS **2235 PARKSIDE ST.**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME **STEPHANIE ESRIG**
STREET ADDRESS **2235 PARKSIDE ST.**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **DIR** ☐ Change ☒ Addition
NAME **STEPHANIE ESRIG**
STREET ADDRESS **2235 PARKSIDE ST.**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer or director empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 561-392-2950

CR2E034 (10/02)