

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90312 019 \*\*\*150.00

**DOCUMENT # S66361**

1. Entity Name  
**NEUROLOGY CENTER OF NAPLES, P.A.**

Principal Place of Business 670 GOODLETTE RD N NAPLES FL 34102 US	Mailing Address 670 GOODLETTE RD N NAPLES FL 34102-5642 US
----------------------------------------------------------------------------	---------------------------------------------------------------------

2. Principal Place of Business 1660 Medical Blvd	3. Mailing Address 1660 Medical Blvd
-----------------------------------------------------	-----------------------------------------

Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
----------------------------------	----------------------------------

City & State Naples, Florida	City & State Naples, Florida
---------------------------------	---------------------------------

Zip 34110	Country Collier	Zip 34110	Country Collier
--------------	--------------------	--------------	--------------------

4. FEI Number 65-0270775	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KANDEL, MERRYLEE**  
**343 COLONY DR**  
**NAPLES FL 34108**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	KANDEL, JOSEPH M.D. 670 N GOODLETTE RD NAPLES FL	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Kandel, Joseph, M.D. 1660 Medical Blvd, Suite 200 Naples, Florida 34110
TITLE D <input type="checkbox"/> Delete	KANDEL, MERRYLEE 670 N GOODLETTE RD NAPLES FL	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Kandel, Merrylee 1660 Medical Blvd, Suite 200 Naples, Florida 34110
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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:** \_\_\_\_\_ **4/21/00** **841-566-3434**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)