

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90005 018 ***550.00

DOCUMENT # S93421

1. Entity Name
SPINE & NEUROLOGIC SURGERY CENTER CHARTERED

R

Principal Place of Business

680 GOODLETTE RD N
 NAPLES FL 34102
 US

Mailing Address

680 GOODLETTE RD N
 NAPLES FL 34102
 US

2. Principal Place of Business

730 Goodlette Rd.

Suite, Apt. #, etc.

Suite 100

City & State
 Naples, FL

Zip
 34102

Country
 USA

3. Mailing Address

730 Goodlette Rd.

Suite, Apt. #, etc.

Suite 100

City & State
 Naples, FL

Zip
 34102

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0292653

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~KNOTT, JUDITH A.~~
 680 GOODLETTE ROAD NORTH
 NAPLES FL 33940

7. Name and Address of New Registered Agent

Name **Paul D. Dernbach**
 Street Address (P.O. Box Number is Not Acceptable)
730 Goodlette Rd., Suite 100
 City **Naples** FL Zip Code **34102**

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 **X Paul Dernbach**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/5/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP LITTLE, JOHN R MD 680 GOODLETTE RD N NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DERNBACH, PAUL D 680 GOODLETTE RD NO NAPLES FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	730 Goodlette Rd, Suite 100 Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	730 Goodlette Rd, Suite 100 Naples, FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **X Paul Dernbach**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00
 Date

262-1721 (94)
 Daytime Phone #

CR2E034 (5/00)