

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99961

1. Entity Name

NEUROLOGY AND PAIN MANAGEMENT OF THE PALM BEACHE

Principal Place of Business

Mailing Address

2141 ALT A1A SOUTH
SUITE 110
JUPITER FL 33477
US

2141 ALT A1A SOUTH
SUITE 110
JUPITER FL 33477
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0300205

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MASON, IRVINE
2141 ALTERNATE A1A SOUTH
SUITE 110
JUPITER FL 33477

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

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

(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.
(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** ☐ Delete
NAME **MASON, IRVINE**
STREET ADDRESS **2141 ALTERNATE A1A SOUTH, STE. 110**
CITY-ST-ZIP **JUPITER FL**

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

TITLE **D** ☒ Delete
NAME **STAFFORD, JAMES M**
STREET ADDRESS **2141 ALTERNATE A1A SOUTH STE 110**
CITY-ST-ZIP **JUPITER FL 33477**

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

TITLE **D** ☐ Delete
NAME **MASON, JILL**
STREET ADDRESS **2141 ALTERNATE A1A SOUTH STE 110**
CITY-ST-ZIP **JUPITER FL 33477**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

2-4-00 (561) 743-021

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90034 017 ***150.00

00017304



DO NOT WRITE IN THIS SPACE