

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90065 042 \*\*\*150.00

**DOCUMENT # S99961**

1. Entity Name

**NEUROLOGY AND PAIN MANAGEMENT OF THE PALM BEACHE  
 S, P.A.**

Principal Place of Business

**658 W INDIANTOWN RD #212  
 JUPITER FL 33458  
 US**

Mailing Address

**658 W INDIANTOWN RD #212  
 JUPITER FL 33458  
 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 Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Irvine Mason**  
 Street Address (P.O. Box Number is Not Acceptable)  
**658 W. Indiantown Rd #212**  
 City **Jupiter** FL Zip Code **33458**

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, 2002 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 **D** ☐ Delete  
 NAME **MASON, IRVINE**  
 STREET ADDRESS **2141 ALTERNATE A1A SOUTH, STE. 110**  
 CITY-ST-ZIP **JUPITER FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Irvine Mason**  
 STREET ADDRESS **658 W. Indiantown Rd #212**  
 CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☒ Change ☐ Addition  
 NAME **Jill Mason**  
 STREET ADDRESS **658 W. Indiantown Rd #212**  
 CITY-ST-ZIP **Jupiter, FL 33458**

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

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

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

TITLE ☐ Change ☐ Addition  
 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)(l), 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)