# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 29, 2005**
**Secretary of State**

DOCUMENT# L04000024303

**Entity Name:** BAY AREA NEUROLOGY CONSULTANTS, P.L.

**Current Principal Place of Business:**

3328 COVE BEND DR.
TAMPA, FL 33613

**New Principal Place of Business:**

37227 MEDICAL DRIVE
DADE CITY, FL 33525

**Current Mailing Address:**

3328 COVE BEND DR.
TAMPA, FL 33613

**New Mailing Address:**

37227 MEDICAL DRIVE
DADE CITY, FL 33525

**FEI Number: 20-0881992** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVALLETTE, FRAN
820 GROVESMERE LOOP
OCOEE, FL 34761 US

**Name and Address of New Registered Agent:**

ALLAUDDIN, KHAN
29405 CROSSLAND DR
WESLEY CHAPEL, FL 33543 US

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: ALLAUDDIN KHAN 01/29/2005
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: KHAN, ALLAUDDIN MD
Address: 3328 COVE BEND DR.
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: KHAN, ALLAUDDIN MD
Address: 29405 CROSSLAND DR
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALLAUDDIN KHAN MGRM 01/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date