2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# L04000024303

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

Current Principal Place of Business:

37227 MEDICAL DRIVE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

PO BOX 552228
TAMPA, FL 336552228

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 M.D. MGRM 01/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date