

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033299

FILED
Apr 23, 2008
Secretary of State

Entity Name: PALM BEACH NEUROSURGERY, LLC

Current Principal Place of Business:

5507 S. CONGRESS AVE. SUITE 150
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

5507 S. CONGRESS AVE. SUITE 150
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 20-4595671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SD CONSULTANTS, LLC
5507 S. CONGRESS AVE. SUITE 150
ATLANTIS, FL 33462 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: DR. () Delete
Name: ABDOLVAHABI, RAMIN M
Address: 5507 S. CONGRESS AVE., SUITE 150
City-St-Zip: ATLANTIS, FL 33462

Title: DR. () Delete
Name: DUTCHER, STEVEN A
Address: 5507 S. CONGRESS AVE., SUITE 150
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN A. DUTCHER

DR.

04/23/2008

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