

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008603

**Entity Name:** LAKEWOOD RANCH NEUROLOGY, L.L.C.

**Current Principal Place of Business:**

8330 LAKEWOOD RANCH BLVD.  
BRADENTON, FL 34202

**Current Mailing Address:**

UHS OF DELAWARE, INC.  
367 S. GULPH ROAD  
KING OF PRUSSIA, PA 19406 US

**FEI Number:** 26-1850133

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MANATEE MEMORIAL HOSPITAL, L.P.  
Address 367 S. GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GEORGE H. BRUNNER, JR.

**SECRETARY OF SOLE  
MEMBER**

02/01/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date