

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90116 023 ****50.00

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01302007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000004529					
1. Entity Name NEUROSURGICAL CONSULTANTS OF SOUTH FLORIDA, L.L.C.					
Principal Place of Business 5130 LINTON BLVD STE E-3 DELRAY BEACH, FL 33484			Mailing Address 201 S. BISCAYNE BLVD. SUITE 2000 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1002459	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPRATT, WILLIAM J JR C/O KIRKPATRICK & LOCKHART LLP 201 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR MIAMI, FL 33131			Name <u>PATRICK W. LAWLER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2925 W. Cypress Creek Rd #102</u> City <u>Ft. Lauderdale</u> <u>FL</u> Zip Code <u>33309</u>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Patrick W. Lawler</u> 424-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACHS, DAVID P MD PA <input type="checkbox"/> Delete 5130 LINTON BLVD STE E-3 DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID P. SACHS, M.D., P.A. 5130 LINTON BLVD., SUITE E-3 DELRAY BEACH, FLORIDA 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete FLORIDA NEUROSCIENCE INSTITUTE LLC 5130 LINTON BLVD DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLORIDA NEUROSCIENCE INSTITUTE, L.L.C. 5130 LINTON BLVD., SUITE E-3 DELRAY BEACH, FLORIDA 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PALM BEACH NEUROSCIENCES, LLC 5130 LINTON BLVD., SUITE E-3 DELRAY BEACH, FLORIDA 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>David Sachs</u>			Date <u>4/23/07</u> <u>501 4495633</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					