

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90006 024 ****55.00

DOCUMENT # L00000007858

1. Entity Name
FLORIDA NEUROLOGICAL INSTITUTE, LLC



Principal Place of Business
**600 DRUID ROAD EAST
CLEARWATER, FL 33756-3912**

Mailing Address
**600 DRUID ROAD EAST
CLEARWATER, FL 33756-3912**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-2956928

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMMESFAHR, WILLIAM M MD
600 DRUID ROAD EAST
CLEARWATER, FL 33756-3912**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HAMMESFAHR, WILLIAM
16110 5TH ST. E
REDINGTON BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HAMMESFAHR, GINA PRESSON
16110 5TH ST. E
REDINGTON BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Gina Presson Hammesfahr 4/26/04 727-461-4464