

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 27 AM 10:15

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		06302005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 59-2956928	
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMESFAHR, WILLIAM 16110 5TH ST. E REDINGTON BEACH, FL 33708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMESFAHR, GINA PRESSON 16110 5TH ST. E REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 7/1/05 Daytime Phone # _____		