

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-05-2004 90006 025 \*\*\*\*55.00

**DOCUMENT # L01000006133**

1. Entity Name  
**HAMMESFAHR 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**

44046070



04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3761466**

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**

**DO NOT WRITE  
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 4, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	HAMMESFAHR, WILLIAM
STREET ADDRESS	16110 FIFTH STREET EAST
CITY-ST-ZIP	REDINGTON BEACH, FL 33708
TITLE	V
NAME	HAMMESFAHR, GINA
STREET ADDRESS	16110 FIFTH STREET EAST
CITY-ST-ZIP	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	

**DO NOT WRITE  
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:**

*Gina Presson Hammesfahr* 4/26/04 727.461.4464

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

Date

Daytime Phone #