

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 10, 2006
Secretary of State**

DOCUMENT# L01000008040

Entity Name: NEUROLOGICAL CARE CENTER, LLC

Current Principal Place of Business:

2736 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

2736 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3725058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GAMA, CARLOS H MD
2736 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAMA, CARLOS H
Address: 2736 UNIVERSITY BLVD W #3
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: CARLOS H GAMA

MGRM

05/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date