2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2010
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:

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

Name and Address of New Registered Agent:

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

I hereby 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 Statues.

SIGNATURE: CARLOS GAMA, MD MGRM 05/11/2010

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