2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004
Secretary of State

DOCUMENT# L02000010443

Entity Name: NEUROSURGERY ASSOCIATES, L.L.C.

Current Principal Place of Business:

32615 US 19 NORTH, STE. 5
PALM HARBOR, FL 34684

New Principal Place of Business:

646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698 US

Current Mailing Address:

32615 US 19 NORTH, STE. 5
PALM HARBOR, FL 34684

New Mailing Address:

646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698 US

FEI Number: 01-0676997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT ST., STE. 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

COLBASSANI, CHARLES J
646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698 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: CHARLES J COLBASSANI 07/08/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GOBO, DEAN J M.D.
Address: 32615 US 19 NORTH, STE. 5
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR ( ) Delete
Name: COLBASSANI, HAROLD J JR MD
Address: 32615 US 19 NORTH, STE. 5
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR (X) Delete
Name: WEBER, JED P M.D.
Address: 32615 US 19 NORTH, STE. 5
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COLBASSANI, HAROLD J M.D.
Address: 646 VIRGINIA STREET, STE 600
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGR (X) Change ( ) Addition
Name: GOBO, DEAN J MD
Address: 646 VIRGINIA STREET, STE 600
City-St-Zip: DUNEDIN, FL 34698 US

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 Section 119.07(3)(i), 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: HAROLD J COLBASSANI, MD MGR 07/08/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date