


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010443 1. Entity Name NEUROSURGERY ASSOCIATES, L.L.C.	
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Principal Place of Business 646 VIRGINIA STREET SUITE 600 DUNEDIN, FL 34698 US	Mailing Address 646 VIRGINIA STREET SUITE 600 DUNEDIN, FL 34698 US
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02032005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0676997	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLBASSANI, CHARLES J 646 VIRGINIA STREET SUITE 600 DUNEDIN, FL 34698	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLBASSANI, HAROLD J M.D. 646 VIRGINIA STREET, STE 600 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOBO, DEAN J MD 646 VIRGINIA STREET, STE 600 DUNEDIN, FL 34698
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02/15/05-80015-012 50.00

**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:

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

2/11/05 (227) 733-4117

Date

Daytime Phone #