2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010443

Address:

City-St-Zip:

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

646 VIRGINIA STREET, STE 600

DUNEDIN, FL 34698 US

FILED May 02, 2008 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 646 VIRGINIA STREET SUITE 600 DUNEDIN, FL 34698 **Current Mailing Address: 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 () 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: 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition COLBASSANI, HAROLD J M.D. Name: Name: Address: 646 VIRGINIA STREET, STE 600 Address: City-St-Zip: DUNEDIN, FL 34698 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition GOBO, DEAN J MD Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HAROLD J. COLBASSANI DR 05/02/2008