2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012650

Entity Name: JED P. WEBER, M.D., P.L.

FILED Jul 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

THE CENTER FOR NEUROSURIGAL CARE 646 VIRGINIA STREET

646 VIRGINIA ST, STE 600 SUITE 600 DUNEDIN FL 34698

DUNEDIN, FL 34698 US

Current Mailing Address: New Mailing Address:

THE CENTER FOR NEUROSURIGAL CARE 646 VIRGINIA STREET

646 VIRGINIA ST, STE 600 SUITE 600 DUNEDIN, FL 34698

DUNEDIN, FL 34698 US

FEI Number: 30-0079522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GASSMAN, ALAN S COLBASSANI, CHARLES J 1245 COURT STREET, SUITE 102 646 VIRGINIA STREET CLEARWATER, FL 33756 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.

07/08/2004 SIGNATURE: CHARLES J COLBASSANI

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR () Delete (X) Change () Addition WEBER, JED P M.D. Name: Name: WEBER, JED P M.D.

Address: PO BOX 560 Address: 646 VIRGINIA STREET, STE 600

City-St-Zip: CRYSTAL BEACH, FL 84681 City-St-Zip: DUNEDIN, FL 34698 US

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: JED P WEBER, MD 07/08/2004