2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2005 08:00 AM Secretary of State

ANNUAL REPORT	Conveters of State
DOCUMENT # L02000016774 1. Entity Name DEAN J. GOBO, M.D. NEUROSURGERY CONSULTANTS, P.L.	Secretary of State
Principal Place of Business	
DO NOT WRITE IN THIS SPA	03042005No Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent	
COLBASSANI, CHARLES J 646 VIRGINIA STREET SUITE 600 DUNEDIN, FL 34698	DO NOT WRITEIN THIS SPACE
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	
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registere	d Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2005	
9. MANAGING MEMBERS/MANAGERS	Contract commensus and contract contract contract to the contract
TITLE MGR NAME GOBO, DEAN J M.D.	
STREET ADDRESS 646 VIRGINIA STREET, SUITE 600	ì
CITY-ST-ZP DUNEDIN, FL 34698	Unnnneenee
TITLE NAME	— _ U00000290902 04/07/05-80008-013
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NAME	
STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE	IN THIS SPACE
NAME STREET ADDRESS	
CITY-ST-ZIP	4
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP TITLE	1
NAME	1
STREET ADDRESS	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of fustee empowers to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

3.28-05

Date

727.733.4117

Daytime Phone #