

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90429 038 \*\*\*\*50.00



<b>DOCUMENT # L02000016828</b>	
1. Entity Name JED P. WEBER, M.D. NEUROSURGERY CONSULTANTS, L.L.C.	
Principal Place of Business 646 VIRGINIA STREET SUITE 600 <del>701</del> DUNEDIN FL 34698 US	Mailing Address 646 VIRGINIA STREET SUITE <del>600</del> 701 DUNEDIN FL 34698 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 81-0559627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COLBASSANI, CHARLES J 646 VIRGINIA STREET SUITE 600 DUNEDIN FL 34698	7. Name and Address of New Registered Agent Name: Henry A Stein Esq. Street Address (P.O. Box Number is Not Acceptable): 1607 Dr ML King Jr (9th St N) City: St Petersburg, FL Zip Code: 33704
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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: *[Signature]* DATE: 3/25/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: WEBER, JED P M.D. STREET ADDRESS: 646 VIRGINIA STREET, SUITE 600 CITY-ST-ZIP: DUNEDIN FL 34698	<input type="checkbox"/> Delete	TITLE: <i>mgr</i> NAME: <i>Weber, Jed P MD</i> STREET ADDRESS: <i>646 Virginia St</i> CITY-ST-ZIP: <i>Dunedin FL 34698</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: --- NAME: --- STREET ADDRESS: --- CITY-ST-ZIP: ---	<input type="checkbox"/> Delete	TITLE: --- NAME: --- STREET ADDRESS: --- CITY-ST-ZIP: ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: --- NAME: --- STREET ADDRESS: --- CITY-ST-ZIP: ---	<input type="checkbox"/> Delete	TITLE: --- NAME: --- STREET ADDRESS: --- CITY-ST-ZIP: ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE: 1/28/05 727-734-9088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE