


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000016828 1. Entity Name JED P. WEBER, M.D. NEUROSURGERY CONSULTANTS, L.L.C.	
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Principal Place of Business 646 VIRGINIA STREET SUITE 701 DUNEDIN FL 34698 US	Mailing Address 646 VIRGINIA STREET SUITE 701 DUNEDIN FL 34698 US
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2. Principal Place of Business	3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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City & State	City & State	
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Zip	Country	Zip	Country	
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1st MOORE CR2E083 (10/05)

4. FEI Number 81-0559627	Applied For Not Applicable
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6. Name and Address of Current Registered Agent STEIN, HENRY A ESQ 1607 DR ML KING JR (9 ST N) SAINT PETERSBURG FL 33704	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 restatebrg) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WEBER, JED P M.D.		NAME		
STREET ADDRESS	646 VIRGINIA ST STE 701		STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN FL 34698		CITY - ST - ZIP		
			U00000524559 05/03/06-80119-011 50.00		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 