

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 10, 2008  
Secretary of State**

DOCUMENT# L02000016828

Entity Name: JED P. WEBER, M.D. NEUROSURGERY CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

646 VIRGINIA STREET  
SUITE 701  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

646 VIRGINIA STREET  
SUITE 701  
DUNEDIN, FL 34698 US

**New Mailing Address:**

FEI Number: 81-0559627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STEIN, HENRY A ESQ  
1607 DR ML KING JR (9 ST N)  
SAINT PETERSBURG, FL 33704 US

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

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:**

Title: MGR ( ) Delete  
Name: WEBER, JED P M.D.  
Address: 646 VIRGINIA ST STE 701  
City-St-Zip: DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
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: JED P WEBER MD

MGR

03/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date