

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90040 028 ****50.00

DOCUMENT # L02000024610

1. Entity Name
NEUROSURGERY AND SPINE SPECIALISTS, L.L.C.



Principal Place of Business
5831 BEE RIDGE ROAD, STE. 100
SARASOTA, FL 34233

Mailing Address
5831 BEE RIDGE ROAD, STE. 100
SARASOTA, FL 34233



03012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0531835	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAYER, PETER L
STREET ADDRESS	4053 HIGEL AVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	GLASSER, RYAN S
STREET ADDRESS	152 OSPREY POINT DR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	MGRM
NAME	KNEGO, ROBERT S
STREET ADDRESS	1334 SORRENTO WOODS BLVD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	MGRM
NAME	FINE, ANDREW D
STREET ADDRESS	6901 CUMBERLAND TERR
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/06
Date

Daytime Phone #