


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 005 ***138.75

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| DOCUMENT # L02000024610 1. Entity Name NEUROSURGERY AND SPINE SPECIALISTS, L.L.C. |  |
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| Principal Place of Business 5831 BEE RIDGE ROAD, STE. 100 SARASOTA, FL 34233 | Mailing Address 5831 BEE RIDGE ROAD, STE. 100 SARASOTA, FL 34233 |
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60016296



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02282008 Chg-LLC CR2E083 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 05-0531835 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$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 |
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| 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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MAYER, PETER L 4053 HIGEL AVE SARASOTA, FL 34242 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GLASSER, RYAN S 152 OSPREY POINT DR OSPREY, FL 34229 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KNEGO, ROBERT S 1729 SOUTH POINTE DR SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FINE, ANDREW D 6901 CUMBERLAND TERR UNIVERSITY PARK, FL 34201 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Peter L. Mayer MD, PA 4053 Higel Avenue Sarasota, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Ryan S. Glasser, MD, PA 152 Osprey Point Drive Osprey, FL 34229 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Robert S. Knego, MD, PA 1729 South Pointe Dr. Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Andrew D. Fine, MD, PA 6901 Cumberland Terrace University Park, FL 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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:  **Ryan S. Glasser, Pres.** **3/8/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #