

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024610

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 05-0531835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: MGRM () Delete
Name: MAYER, PETER L
Address: 4053 MIGEL AVE
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: GLASSER, RYAN S
Address: 152 OSPREY POINT DR
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: KNEGO, ROBERT S
Address: 1729 S POINTE DR
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: FINE, ANDREW D
Address: 6901 CUMBERLAND TERR
City-St-Zip: BRADENTON, FL 34201

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAYER, PETER L
Address: 4053 HIGEL AVE
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FINE, ANDREW D
Address: 34 SANDY HOOK ROAD SOUTH
City-St-Zip: SARASOTA, FL 34242

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: JOAN GEARHART

ACCT

04/23/2009

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