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May 14, 2003 8:00 am
Secretary of State

04-11-2003 90550 015 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000028913

1. Entity Name
TALLAHASSEE NEUROLOGY ASSOCIATES BUILDING LLC

44001528

Principal Place of Business	Mailing Address
2011 NOBLE DRIVE TALLAHASSEE, FL 32312	2011 NOBLE DRIVE TALLAHASSEE, FL 32312

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2858 Mahan Drive		2858 Mahan Drive	
Suite, Apt. #, etc.: Suites 1+2		Suite, Apt. #, etc.: Suites 1+2	
City & State: Tallahassee, FL		City & State: Tallahassee, FL	
Zip: 32308	Country: USA	Zip: 32308	Country: USA

4. FEI Number: 56-2299882 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
Blackburn, Richard E. M.D. 2858 Mahan DRIVE, Suites 1+2 Tallahassee, FL 32308	☐ Delete	President	☐ Change ☐ Addition
Whitney, Stanley J. 2858 Mahan Drive, Suites 1+2 Tallahassee, FL 32308	☐ Delete	Secretary	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Melinda Doyle, Office Manager 4/8/03 942-7177 x25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #