2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

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Entity Name: FLORIDA NEUROLOGY GROUP, P.L.

Current Principal Place of Business:

12670 WHITEHALL DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12670 WHITEHALL DRIVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 38-3665912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARLIN, LANE R MD
12670 WHITEHALL DRIVE
FORT MYERS, FL 33907 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	CARLIN, LANE R	
Address:	12670 WHITEHALL DR	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	DRISCOLL, PAUL F	
Address:	12670 WHITEHALL DR	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	DIAZ, CHRISTINA M	
Address:	12670 WHITEHALL DR	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	CARRACINO JR, WILLIAM J	
Address:	12670 WHITEHALL DR	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	( ) Delete
Name:	MARINO, CHRIS J	
Address:	12670 WHITEHALL DR	
City-St-Zip:	FORT MYERS, FL 33907	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LANE R. CARLIN, MD MGRM 01/14/2005

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