2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031958

City-St-Zip:

Entity Name: FLORIDA NEUROLOGY GROUP, P.L.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	HITEHALL DRIV ERS, FL 33907				
Current Mailing Address:			New Mailing Address:		
	HITEHALL DRIV ERS, FL 33907				
FEI Number	: 38-3665912	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:		
12670 WH	LANE R MD HITEHALL DRIV ERS, FL 33907				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registe	ered office or registered agent, or both
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent		Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () CARLIN, LANE F 12670 WHITEHA FORT MYERS, F	ALL DR	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () DRISCOLL, PAL 12670 WHITEHA FORT MYERS, F	ALL DR	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () MARINO, CHRIS 12670 WHITEHA FORT MYERS, I	ALL DR	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () CARRACINO JR 12670 WHITEHA FORT MYERS, I	ALL DR	Title: Name: Address: City-St-Zip:	12670 V	(X) Change () Addition CINO JR, WILLIAM J WHITEHALL DR YERS, FL 33907
Title: Name: Address:	()	Delete	Title: Name: Address:		() Change (X) Addition VENDY R VHITEHALL DR

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.

City-St-Zip:

FORT MYERS, FL 33907

SIGNATURE: LANE R CARLIN MD MGRM 04/27/2009