2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2006
Secretary of State

DOCUMENT# L02000033613

Entity Name: S. A. NEUROLOGY LLC

Current Principal Place of Business:

201 HILDA STREET
SUITE 21
KISSIMMEE, FL 34741 US

New Principal Place of Business:

7376 STONEROCK CIRCLE
ORLANDO, FL 32819 US

Current Mailing Address:

3205 KING GEORGE DRIVE
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 30-0137567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ULLAH, AZRA
3205 KING GEORGE DRIVE
ORLANDO, FL 32835 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:	ULLAH, AZRA	
Address:	3205 KING GEORGE DRIVE	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	MGRM	( ) Delete
Name:	ULLAH, SAIF MD	
Address:	3205 KING GEORGE DRIVE	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	MGRM	( ) Delete
Name:	ULLAH, HAFSAH	
Address:	3205 KING GEORGE DRIVE	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	MGRM	( ) Delete
Name:	ULLAH, AFRA	
Address:	3205 KING GEORGE DRIVE	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGRM	( ) Delete
Name:	ULLAH, HAMZAH	
Address:	3205 KING GEORGE DRIVE	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	MGRM	( ) Delete
Name:	ULLAH, AQSA	
Address:	3205 KING GEORGE DRIVE	
City-St-Zip:	ORLANDO, FL 32835 US	

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:	
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 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: SAIF ULLAH MGRM 02/11/2006

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