

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033613

Entity Name: S. A. NEUROLOGY LLC

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

7376 STONEROCK CIRCLE
ORLANDO, FL 32819 US

New Principal Place of Business:

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 (X) Delete
Name: ULLAH, HAFSAH
Address: 3205 KING GEORGE DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM (X) Delete
Name: ULLAH, AFRA
Address: 3205 KING GEORGE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: MGRM (X) Delete
Name: ULLAH, HAMZAH
Address: 3205 KING GEORGE DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM (X) 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
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Address:
City-St-Zip:

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

Title: () Change () Addition
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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

02/02/2007

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