


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-03-2004 90110 003 *****50.00

DOCUMENT # L03000001378 1. Entity Name NORTH PALM NEUROSURGERY, P.L.					
Principal Place of Business 3370 BURNS ROAD, SUITE 200 PALM BEACH GARDENS FL 33410				Mailing Address 3370 BURNS ROAD, SUITE 200 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HELGESEN, ANDREW 11380 PROSPERITY FARMS ROAD, SUITE 201- PALM BEACH GARDENS FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Helge Gormez Jr. President</i> <i>19036 SE Coral Reef Lane</i> <i>Jupiter FL 33458</i>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 4/27/04 (561) 627-7855 <small>Daytime Phone #</small>		

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MOORE CR2E083 (11/03)

4. FEI Number **36-4523437** Applied For Not Applicable

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