

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001378

FILED
Apr 14, 2009
Secretary of State

Entity Name: NORTH PALM NEUROSURGERY, P.L.

Current Principal Place of Business:

3370 BURNS ROAD, SUITE 200
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4290 PROFESSIONAL CENTER DRIVE
SUITE 105
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3370 BURNS ROAD, SUITE 200
PALM BEACH GARDENS, FL 33410

New Mailing Address:

4290 PROFESSIONAL CENTER DRIVE
SUITE 105
PALM BEACH GARDENS, FL 33410

FEI Number: 36-4523437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELGESEN, ANDREW
11380 PROSPERTITY FARMS ROAD, SUITE 201
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

GOMEZ, HELDO
4290 PROFESSIONAL CENTER DRIVE
SUITE 105
PALM BEACH GARDENS, FL 33410 US

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: HELDO GOMEZ

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GOMEZ, HELDO JR
Address: 7109 EAGLE TERRACE
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

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

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.

SIGNATURE: HELDO GOMEZ

PRES

04/14/2009

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