

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037913

FILED
Apr 28, 2006
Secretary of State

Entity Name: FLORIDA NEUROLOGICAL CENTER, LLC

Current Principal Place of Business:

1503 SW FIRST AVE.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1503 SW FIRST AVE.
OCALA, FL 34474

New Mailing Address:

FEI Number: 76-0744751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, MELISSA H
1503 S.W. 1ST AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

KIM, LANCE Y
1503 S.W. 1ST AVENUE
OCALA, FL 34474 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: LANCE Y KIM

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIM, LANCE Y
Address: 1503 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

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 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: LANCE Y KIM

MGR

04/28/2006

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