2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L03000037913

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:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KIM, LANCE Y
Address: 1503 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

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: DR LANCE Y KIM MGRM 04/30/2007

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