2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L03000037913

Entity Name: FLORIDA NEUROLOGICAL CENTER, LLC

Current Principal Place of Business:

2237 SW 19TH AVE ST, STE 101
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2237 SW 19TH AVE ST, STE 101
OCALA, FL 34471

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:

KIM, LANCE Y
2237 SW 19TH AVE ST, STE 101
OCALA, FL 34471 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: 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) 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: 2237 SW 19TH AVE ST, STE 101
City-St-Zip: OCALA, FL 34471

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 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date