2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L03000055217

Entity Name: NEUROSURGERY & SPINE LAND COMPANY, L.L.C.

Current Principal Place of Business:

5831 BEE RIDGE RD, STE 100
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5831 BEE RIDGE RD, STE 100
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-1399952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVE
SARASOTA, FL 34236 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MAYER, PETER L MD	
Address:	5831 BEE RIDGE ROAD SUITE 100	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	MGRM	( ) Delete
Name:	GLASSER, RYAN S MD	
Address:	5831 BEE RIDGE ROAD SUITE 100	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	MGRM	( ) Delete
Name:	KNEGO, ROBERT S MD	
Address:	5831 BEE RIDGE ROAD SUITE 100	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	MGRM	( ) Delete
Name:	FINE, ANDREW D MD	
Address:	5831 BEE RIDGE ROAD SUITE 100	
City-St-Zip:	SARASOTA, FL 34233 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: BRIDGET MERCIER-HEADLEY MGR 04/13/2005

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