

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055217

FILED
Apr 23, 2009
Secretary of State

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 (X)**

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/MANAGERS:

Title: MGRM () Delete
Name: MAYER, JENNIFER
Address: 4053 HIGEL AVE
City-St-Zip: SARASOTA, FL 34242 US

Title: MGRM () Delete
Name: KNEGO, SIMONE
Address: 1335 SORRENTO WOOD BLVD
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGRM () Delete
Name: FINE, ANDREW D MD
Address: 5831 BEE RIDGE ROAD SUITE 100
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM () Delete
Name: FELIX MANAGEMENT, LLC
Address: 152 OSPREY POINTE DR
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: FINE PROPERTIES ,LLC
Address: 5777 BENEVA RD SOUTH
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KNEGO, SIMONE
Address: 1729 SOUTHPOINTE DRIVE
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM (X) Change () Addition
Name: FINE, ANDREW D MD
Address: 34 SANDY HOOK ROAD SOUTH
City-St-Zip: SARASOTA, FL 34242 US

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 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: JOAN GEARHART

ACCT

04/23/2009

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