2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055217

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

FILED Mar 11, 2011 Secretary of State

03/11/2011

Current Principal Place of Business: New Principal Place of Business:

5831 BEE RIDGE RD, STE 100 SARASOTA, FL 34233

Current Mailing Address: New Mailing Address:

5831 BEE RIDGE RD, STE 100 SARASOTA, FL 34233

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVE
SARASOTA, FL 34236 US
SHUMAKER, LOOP & KENDRICK, LLP
240 SOUTH PINEAPPLE AVE
SARASOTA, FL 34236 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: RICHA MANUS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

 Name:
 MAYER, JENNIFER

 Address:
 4053 HIGEL AVE

 City-St-Zip:
 SARASOTA, FL 34242 US

Title: MGRM

Name: KNEGO, SIMONE

Address: 1729 SOUTHPOINTE DRIVE City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM

 Name:
 MAYER, PETER L MD

 Address:
 4053 HIGEL AVE

 City-St-Zip:
 SARASOTA, FL 34242 US

Title: MGRM

Name: FELIX MANAGEMENT, LLC
Address: 152 OSPREY POINTE DR
City-St-Zip: OSPREY, FL 34229

Title: MGRM

Name: FINE PROPERTIES ,LLC Address: 5777 BENEVA RD SOUTH City-St-Zip: SARASOTA, FL 34233

Title: MGMR

 Name:
 KNEGO, ROBERT S MD

 Address:
 1729 SOUTHPOINTE DRIVE

 City-St-Zip:
 SARASOTA, FL 34231 US

I hereby 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 Statues.

SIGNATURE: RYAN GLASSER MGMR 03/11/2011

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