2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024303

Entity Name: BAY AREA NEUROLOGY CONSULTANTS, P.L.

FILED Feb 23, 2008 Secretary of State

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

37227 MEDICAL DRIVE 4829 PORTMARNOCK WAY DADE CITY, FL 33525 WESLEY CHAPEL, FL 33543

Current Mailing Address: New Mailing Address:

PO BOX 552228 4829 PORTMARNOCK WAY TAMPA, FL 336552228 WESLEY CHAPEL, FL 33543

FEI Number: 20-0881992 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:

ALLAUDDIN, KHAN
29405 CROSSLAND DR
WESLEY CHAPEL, FL 33543 US
ALLAUDDIN, KHAN
4829 PORTMARNOCK WAY
WESLEY CHAPEL, FL 33543 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: ALLAUDDIN KHAN 02/23/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition KHAN, ALLAUDDIN MD Name: Name: KHAN, ALLAUDDIN MD Address: 29405 CROSSLAND DR Address: 4829 PORTMARNOCK WAY City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: WESLEY CHAPEL, FL 33543

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: ALLAUDDIN KHAN PRES 02/23/2008