

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092130

FILED
Jan 11, 2006
Secretary of State

Entity Name: ORANGE PARK NEUROSURGERY P.L.

Current Principal Place of Business:

1895 KINGSLEY AVE., SUITE 404
ORANGE PARK, FL 32073

New Principal Place of Business:

2021 KINGSLEY AVE
SUITE 101
ORANGE PARK, FL 32073

Current Mailing Address:

1895 KINGSLEY AVE., SUITE 404
ORANGE PARK, FL 32073

New Mailing Address:

2021 KINGSLEY AVE.
SUITE 101
ORANGE PARK, FL 32073

FEI Number: 51-0531516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPATOLA, MARK A
1895 KINGSLEY AVE., SUITE 404
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

SPATOLA, MARK A
2021 KINGSLEY AVE.
SUITE 101
ORANGE PARK, FL 32073 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:

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPATOLA, MARK A
Address: 1895 KINGSLEY AVE., SUITE 404
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPATOLA, MARK A
Address: 2021 KINGSLEY AVE., SUITE 101
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK A SPATOLA

MGRM

01/11/2006

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