

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # L04000093997

1. Entity Name
NEUROSURG LLC



Principal Place of Business
LEGAL DEPARTMENT
4300 ALTON ROAD
MIAMI BEACH, FL 33140

Mailing Address
LEGAL DEPARTMENT
4300 ALTON ROAD
MIAMI BEACH, FL 33140



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2098546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, PRISCILLA
MOUNT SINAI MEDICAL CENTER
4300 ALTON ROAD, WARNER BLDG., 5TH FLOOR
MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SONENREICH, STEVEN D
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE MGRM
NAME MENDEZ, ALEX
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE MGRM
NAME PERRY, AMY
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000799625
01/30/08-90077-005 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STEVEN D. SONENREICH

1/22/08 305/674-2223