2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2011
Secretary of State

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Entity Name: NEUROSURG LLC

Current Principal Place of Business:

LEGAL DEPARTMENT
4300 ALTON ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

LEGAL DEPARTMENT
4300 ALTON ROAD
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-2098546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDLAND, PRISCILLA
MOUNT SINAI MEDICAL CENTER
4300 ALTON ROAD, WARNER BLDG., 5TH FLOOR
MIAMI BEACH, FL 33140 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
Name: SONENREICH, STEVEN D
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: MENDEZ, ALEX
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: PERRY, AMY
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC
Address: 4300 ALTON ROAD 5 WARNER - ADMINISTRATION
City-St-Zip: MIAMI BEACH, FL 33140

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: STEVEN D SONENREICH MGRM 02/04/2011

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