

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093997

Entity Name: NEUROSURG LLC

FILED  
Jan 25, 2012  
Secretary of State

**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 Statutes.

SIGNATURE: STEVEN D SONENREICH

MGRM

01/25/2012

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