2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000036484

Entity Name: NEUROLOGY ASSOCIATES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

1625 S.E. 3RD AVE., SUITE #723
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

PO BOX 824007
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEBASISH, ROY DEV
15567 NW 51 STREET
PEMBROKE PINES, FL 33028 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 ( ) Delete
Name: ROY, TANSUSHREE
Address: 1491 CROFTWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROY TANUSHREE MGRM 04/23/2009

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