2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/16/2006-90078-040-$50.00-$50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L05000046101

1. Entity Name
NEUROLOGY PHYSICIANS BUILDING & LAND, LLC

Principal Place of Business	Mailing Address
1660 MEDICAL BLVD., SUITE 200 NAPLES, FL 34110	1660 MEDICAL BLVD., SUITE 200 NAPLES, FL 34110

07072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2805445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERBER, MARK B 1660 MEDICAL BLVD., SUITE 200 NAPLES, FL 34110	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

Last	First	Address	Apt	City	State	Zip	
Gerber	Mark	1959 4th St South		Naples	FL	34102	MGMR
Hussey	Desmond	100 Captain's Place		Naples	FL	34102	MGR
Kandel	Joseph	683 Hickory Road		Naples	FL	34108	MGR
Lusk	Michael	1375 Spyglass Lane		Naples	FL	34102	MGR
Morell	Thomas	15673 Fiddlesticks Blvd.		Fort Myers	FL	33912	MGR
Novak	Michael	479 Ridge Drive		Naples	FL	34108	MGR

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #