

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046101

FILED
Feb 23, 2007
Secretary of State

Entity Name: NEUROLOGY PHYSICIANS BUILDING & LAND, LLC

Current Principal Place of Business:

1660 MEDICAL BLVD., SUITE 200
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1660 MEDICAL BLVD., SUITE 200
NAPLES, FL 34110

New Mailing Address:

8380 RIVERWALK PARK BLVD
320
FORT MYERS, FL 33919

FEI Number: 20-2805445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERBER, MARK B
1660 MEDICAL BLVD., SUITE 200
NAPLES, FL 34110 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: MGMR () Delete
Name: GERBER, MARK
Address: 1959 4TH ST SOUTH
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: HUSSEY, DESMOND
Address: 100 CAPTAIN'S PLACE
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: KANDEL, JOSEPH
Address: 683 HICKORY RD
City-St-Zip: NAPLES, FL 34108

Title: MGR () Delete
Name: LUSK, MICHAEL
Address: 1375 SPYGLASS LANE
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: MORELL, THOMAS
Address: 15673 FIDDLESTICKS BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: NOVAK, MICHAEL
Address: 479 RIDGE DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK GERBER

MGMR

02/23/2007

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