## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000046101

Entity Name: NEUROLOGY PHYSICIANS BUILDING & LAND, LLC

FILED Mar 25, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8380 RIVERWALK PARK BLVD.

320

FORT MYERS, FL 33919

Current Mailing Address: 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: Name and Address of New Registered Agent:

GERBER, MARK B 8380 RIVERWALK PARK BLVD 320 FORT MYERS, FL 33919 US

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

Name: GERBER, MARK

Address: 8380 RIVERWALK PARK BLVD SUITE 320

City-St-Zip: FORT MYERS, FL 33919

Title: MGR

Name: HUSSEY, DESMOND

Address: 8380 RIVERWALK PARK BLVD SUITE 320

City-St-Zip: FORT MYERS, FL 33919

Title: MGR

Name: KANDEL, JOSEPH

Address: 8380 RIVERWALK PARK BLVD SUITE 320

City-St-Zip: FORT MYERS, FL 33919

Title: MGR

Name: LUSK, MICHAEL

Address: 8380 RIVERWALK PARK BLVD SUITE 320

City-St-Zip: FORT MYERS, FL 33919

Title: MGR

Name: NOVAK, MICHAEL

Address: 8380 RIVERWALK PARK BLVD SUITE 320

City-St-Zip: FORT MYERS, FL 33919

Title: MGRM

Name: VICKERS, MICHAEL

Address: 8380 RIVERWALK PARK BLVD., SUITE 320

City-St-Zip: FORT MYERS, FL 33919

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: MARK GERBER MGR 03/25/2011

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