

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046241

FILED
Apr 30, 2006
Secretary of State

Entity Name: CENTRAL NEURODIAGNOSTIC SERVICES, LLC

Current Principal Place of Business:

4910 14TH STREET
BRADENTON, FL 34207

New Principal Place of Business:

2445 HWY 98
LAKELAND, FL 33804

Current Mailing Address:

PO BOX 93580
LAKELAND, FL 33804 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WALKER, GARY
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: KRONEN, L DR
Address: PO BOX 93580
City-St-Zip: LAKELAND, FL 33804

Title: MGR () Change (X) Addition
Name: MULFINGER, JOHN
Address: ST RD 54
City-St-Zip: TAMPA, FL 33624

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: L KRONEN

MGRM

04/30/2006

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