

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90029 043 \*\*\*\*50.00

DOCUMENT # L05000067138	
1. Entity Name PEDIATRIC NEUROLOGY OF SOUTHWEST FLORIDA, P.L	



Principal Place of Business 15690 LIGHT BLUE CIRCLE FORT MYERS, FL 33908	Mailing Address 15690 LIGHT BLUE CIRCLE FORT MYERS, FL 33908
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2. Principal Place of Business 15740 New Hampshire Court		3. Mailing Address	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State	
Zip 33908	Country Lee	Zip	Country



03112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3135219		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MORALES, MARGIE A MD- 15690 LIGHT BLUE CIRCLE FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MARGIE A. MORALES 15690 LIGHT BLUE CIRCLE FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Margie A. Morales MD 03-14-06 (239) 433-9383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #