


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90142 028 \*\*\*\*50.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L05000067138</b>                                   |  |  |
| 1. Entity Name<br>PEDIATRIC NEUROLOGY OF SOUTHWEST FLORIDA, P.L. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>15740 NEW HAMPSHIRE CT<br>SUITE B<br>FORT MYERS, FL 33908 | Mailing Address<br>15690 LIGHT BLUE CIRCLE<br>FORT MYERS, FL 33908 |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

**60025457**



02252007 Chg-LLC CR2E083 (12/06)

|  |  |  |
|--|--|--|
| 4. FEI Number<br>20-3135219  |  | Applied For<br><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<br><br>MORALES, MARGIE A MD<br>15690 LIGHT BLUE CIRCLE<br>FORT MYERS, FL 33908 |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 Margie A. Morales MD DATE 03-15-07

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

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|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MORALES, MARGIE A<br>15690 LIGHT BLUE CIR<br>FORT MYERS, FL 33908 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 DATE 03-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #