

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067138

FILED
Apr 06, 2009
Secretary of State

Entity Name: PEDIATRIC NEUROLOGY OF SOUTHWEST FLORIDA, P.L

Current Principal Place of Business:

15740 NEW HAMPSHIRE CT
SUITE B
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15690 LIGHT BLUE CIRCLE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-3135219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, MARGIE A MD
15690 LIGHT BLUE CIRCLE
FORT MYERS, FL 33908 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: MGRM () Delete
Name: MORALES, MARGIE A
Address: 15690 LIGHT BLUE CIR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORALES, MARGIE A MD
Address: 15690 LIGHT BLUE CIR
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: MARGIE MORALES, MD

MGRM

04/06/2009

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