

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079610

FILED
Jul 11, 2007
Secretary of State

Entity Name: CAPITAL NEUROSURGERY, P.L.

Current Principal Place of Business:

1889 PROFESSIONAL PARK CIRCLE, SUITE 50
TALLAHASSEE, FL 323084511

New Principal Place of Business:

Current Mailing Address:

1889 PROFESSIONAL PARK CIRCLE, SUITE 50
TALLAHASSEE, FL 323084511

New Mailing Address:

FEI Number: 20-3293919 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEADBETTER, JOHN T. "TIM"
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 US

Name and Address of New Registered Agent:

LEADBETTER, JOHN T.
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: JOHN T. LEADBETTER

07/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARR, ANN M M.D.
Address: 1889 PROFESSIONAL PARK CIRCLE, SUITE 50
City-St-Zip: TALLAHASSEE, FL 323084511

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN CARR

MGRM

07/11/2007

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