2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L05000079610

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:

1889 PROFESSIONAL PARK CIRCLE, SUITE 50
SUITE 50
TALLAHASSEE, FL 323084511

FEI Number: 20-3293919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEADBETTER, JOHN T.
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: 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 M. CARR MGRM 05/05/2009

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