

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90011 048 \*\*\*\*50.00

**DOCUMENT # L05000086225**

1. Entity Name  
**NEUROSCIENCE ASSOCIATES OF WEST PASCO, P.L.**



Principal Place of Business  
**3006 US HIGHWAY 19  
HOLIDAY, FL 34691**

Mailing Address  
**3006 US HIGHWAY 19  
HOLIDAY, FL 34691**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**59-3183433**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZUBILLAGA, CARLOS A M.D.  
3006 US HIGHWAY 19  
HOLIDAY, FL 34691**

Name  
**LARRY W HORTON MD**  
Street Address (P.O. Box Number is Not Acceptable)  
**3006 U S HIGHWAY 19**

City **HOLIDAY** FL Zip Code **34691**

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

Signature, typed or printed name of registered agent and title if applicable

(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**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ZUBILLAGA, CARLOS A MD, P.A  
3006 US HIGHWAY 19  
HOLIDAY, FL 34691** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HORTON, LARRY W MD, P.A  
3006 US HIGHWAY 19  
HOLIDAY, FL 34691** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TERZIGNI, DOUGLAS E DO, P.A  
3006 US HIGHWAY 19  
HOLIDAY, FL 34691** ☐ Delete

TITLE  
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CITY - ST - ZIP  
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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:**

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

Date

Daytime Phone #

*Larry W Horton MD*

*4/10/06*