


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90068 042 ****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 - No P.O. Box # 2222 US HWY 19		3. Mailing Address 2222 US HWY 19											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State HOLIDAY FL		City & State HOLIDAY FL		4. FEI Number 59-3183433									
Zip 34691		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent HORTON, LARRY W MD 3006 US HIGHWAY 19 HOLIDAY, FL 34691			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2222 US HWY 19</td> </tr> <tr> <td style="padding: 2px;">City HOLIDAY</td> <td style="padding: 2px;">FL Zip Code 34691</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		2222 US HWY 19		City HOLIDAY	FL Zip Code 34691
Name													
Street Address (P.O. Box Number is Not Acceptable)													
2222 US HWY 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State										
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE	MGRM <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	ZUBILLAGA, CARLOS A MD, P.A		NAME										
STREET ADDRESS	3006 US HIGHWAY 19		STREET ADDRESS										
CITY - ST - ZIP	HOLIDAY, FL 34691		CITY - ST - ZIP										
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	HORTON, LARRY W MD, P.A		NAME										
STREET ADDRESS	3006 US HIGHWAY 19		STREET ADDRESS	2222 US HIGHWAY 19									
CITY - ST - ZIP	HOLIDAY, FL 34691		CITY - ST - ZIP	HOLIDAY FL 34691									
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	-TERZIGNI, DOUGLAS E DO, P.A		NAME										
STREET ADDRESS	3006 US HIGHWAY 19		STREET ADDRESS	2222 US HIGHWAY 19									
CITY - ST - ZIP	HOLIDAY, FL 34691		CITY - ST - ZIP	HOLIDAY FL 34691									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition									
NAME			NAME	MGRM									
STREET ADDRESS			STREET ADDRESS	ATIT NEUROLOGY PA									
CITY - ST - ZIP			CITY - ST - ZIP	2222 US HIGHWAY 19									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY - ST - ZIP			CITY - ST - ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY - ST - ZIP			CITY - ST - ZIP										
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 _____			Date <u>4/11/2007</u> Daytime Phone # _____										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE													