

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031218

FILED
Apr 23, 2007
Secretary of State

Entity Name: TREASURE COAST NEUROLOGY WEST, LLC

Current Principal Place of Business:

1420 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 881565
PORT ST. LUCIE, FL 349881565

New Mailing Address:

FEI Number: 20-4597875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDEVERE, LUCILLE
1420 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986 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: MGR () Delete
Name: VANDEVERE, LUCILLE
Address: 1420 SW ST. LUCIE WEST BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR () Delete
Name: KOPENSKI, GINGER
Address: 1420 SW ST. LUCIE WEST BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCILLE VANDEVERE

MGR

04/23/2007

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