

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

03-06-2007 90081 022 ****50.00

DOCUMENT # L06000033745

1. Entity Name
NEURO-MED PROPERTIES, LLC



Principal Place of Business
15011 LAUREL COVE CIRCLE
ODESSA, FL 33556

Mailing Address
15011 LAUREL COVE CIRCLE
ODESSA, FL 33556

30005175



2. Principal Place of Business - No P.O. Box #
4710 N Habana Ave, Suite 200

3. Mailing Address
4710 N Habana Ave, Suite 200

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

04122007 Chg-LLC CR2E083 (12/06)

City & State
Tampa Florida

City & State
Tampa Florida

4. FEI Number
20-4606819

Applied For
Not Applicable

Zip 33614

Country
USA

Zip 33614

Country
USA

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

BASS, EDWARD M.D.
4728 N. HABANA AVENUE
SUITE 301
TAMPA, FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

4710 N Habana Ave

City Tampa

FL

Zip Code
33614

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Manager
Edward Bass, M.D.
4710 N Habana Ave, Suite 200
Tampa Florida 33614

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Manager
Valery N. Lipenko, M.D.
4710 N Habana Ave, Suite 200
Tampa Florida 33614

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

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: Edward Bass Edward Bass, M.D.

4/16/07

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

Date

Daytime Phone #