2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # L06000033745

1. Entity Name

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NEURO-MED PROPERTIES, LLC



Principal Place of Business

4710 N HABANA AVE STE 200 TAMPA, FL 33614

Mailing Address

4710 N HABANA AVE STE 200

TAMPA, FL 33614

FILED Feb 05, 2008 08:00 Al Secretary of State



01172008 No Chg-LLC

CR2E083 (12/07)

4.	FE! Number	L	Applied For
	20-4606819		Not Applicable
5.	Certificate of Status Desired		Additional equired

6. Name and Address of Current Registered Agent

BASS, EDWARD M.D. 4710 N. HABANA AVENUE TAMPA, FL 33614

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	named entity submits this statement for the purpose of charions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	·	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
FILE After May	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	BASS, EDWARD MD	
STREET ADDRESS	4710 N HABANA AVE STE 200	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	MGR	U00000816237
NAME	LIPENKO, VALERV N MD	U00000816237 02/14/08-80042-004 138.75
STREET ADDRESS	4710 N HABANA AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
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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:

CITY-ST-ZIP

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

<u>815-878-2800</u>

Davtime Phone #