2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# L06000065794

Entity Name: SOUTHEAST NEUROCRITICAL CARE ASSOCIATES LLC

Current Principal Place of Business:

SACRED HEART HOSPITAL
SUITE 246
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

SACRED HEART HOSPITAL
SUITE 246
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEILL, TERRY SR
SACRED HEART HOSPITAL
SUITE 246
PENSACOLA, FL 32504 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: MGRM ( ) Delete
Name: NEILL, TERRY SR
Address: 8917 NORTH DAVIS HIGHWAY #164
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete
Name: NEILL, TERRY JR
Address: 8917 NORTH DAVIS HIGHWAY #164
City-St-Zip: PENSACOLA, FL 32514

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 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: TERRY NEILL, JR MGR 07/09/2008

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