

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065794

FILED  
Apr 16, 2009  
Secretary of State

**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: MGRM (X) Change ( ) Addition  
Name: NEILL, TERRY SR  
Address: MASTERS BLVD  
City-St-Zip: ORLANDO, FL

Title: MGRM (X) Change ( ) Addition  
Name: NEILL, TERRY JR  
Address: 2303 MALYSA PLACE  
City-St-Zip: PENSACOLA, FL 32504

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

MGR

04/16/2009

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