

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065794

FILED
Apr 29, 2011
Secretary of State

Entity Name: SOUTHEAST NEUROCRITICAL CARE ASSOCIATES LLC

Current Principal Place of Business:

SACRED HEART HOSPITAL
SUITE 300
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

SACRED HEART HOSPITAL
SUITE 300
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:

NEILL, TERRY SR
SACRED HEART HOSPITAL
SUITE 300
PENSACOLA, FL 32504 US

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

04/29/2011

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NEILL, TERRY SR
Address: MASTERS BLVD
City-St-Zip: ORLANDO, FL

Title: MGRM
Name: NEILL, TERRY JR
Address: 2303 MALYSA PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: NEILL, BRANNAN R
Address: 2303 MALYSA PLACE
City-St-Zip: PENSACOLA, FL 32504

I hereby 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, MD

MGRM

04/29/2011

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