

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032588

FILED
Mar 25, 2009
Secretary of State

Entity Name: NEUROMUSCULAR TREATMENT CENTER LLC

Current Principal Place of Business:

1811 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

1811 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 22-3957305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEETHA . PALLEGAR
1811 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207 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: MGR () Delete
Name: PALLEGAR, SOMASHEKAR
Address: 1811 BAYSHORE GARDENS PARKWAY
City-St-Zip: BRADENTON, FL 34207

Title: MGR () Delete
Name: PALLEGAR, AJAY
Address: 1811 BAYSHORE GARDENS PARKWAY
City-St-Zip: BRADENTON, FL 34207

Title: ST () Delete
Name: PALLEGAR, GEETHA
Address: 1811 BAYSHORE GARDENS PARKWAY
City-St-Zip: BRADENTON, FL 34207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PALLEGAR, ANAND
Address: 1811 BAYSHORE GARDENS PARKWAY
City-St-Zip: BRADENTON, FL 34207

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: GEETHA PALLEGAR

MD

03/25/2009

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