

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049171

FILED
Apr 22, 2009
Secretary of State

Entity Name: NICHOLAS D. A. SUITE M.D., NEUROLOGY LLC

Current Principal Place of Business:

7900 N.W. 33RD STREET, #101
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

7900 N.W. 33RD STREET, #101
DAVIE, FL 33024

New Mailing Address:

FEI Number: 26-2044942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLAS D.A. SUITE M.D.
7900 N.W. 33RD STREET, #101
DAVIE, FL 33024 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: NICHOLAS D.A. SUITE M.D.
Address: 7900 N.W. 33RD STREET, #101
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES:

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: NICHOLAS SUITE

MGR

04/22/2009

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