2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2010
Secretary of State

DOCUMENT# L07000049171

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:

11850 W. STATE ROAD 84
SUITE A7
DAVIE, FL 33325

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

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 Statues.

SIGNATURE: NICHOLAS D. A. SUITE M.D. MGR 02/20/2010

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