


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90266 022 ***138.75

DOCUMENT # L07000078886 1. Entity Name J A G NEUROLOGY, LLC					
Principal Place of Business 1805 SOUTHEAST 16TH AVENUE, #1202 OCALA, FL 34471			Mailing Address 1805 SOUTHEAST 16TH AVENUE, #1202 OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box # 1520 SE 23RD AVE Suite, Apt. #, etc.		3. Mailing Address 1520 SE 23RD AVE Suite, Apt. #, etc.			
City & State OCALA, FL Zip 34471		City & State OCALA, FL Zip 34471		4. FEI Number 26-0758115	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLANAGAN, GREGORY S 2701 SOUTHEAST MARICAMP ROAD, STE. 104 OCALA, FL 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAUDIER, JOSE A 1520 SOUTHEAST 23RD AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALEN, MARIA E 1520 SOUTHEAST 23RD AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Maria Elena Aleri</u> 3/13/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					