2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/2008-90029-042-$138.75-$138.75

SECRETARY OF STATE DIVISION OF CORPORATIONS
08 AUG -7 PM 3:00

04252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000104942

1. Entity Name
ALLAN M. JORGE, MD, CONSULTANTS IN NEUROLOGICAL SURGERY, LLC

Principal Place of Business	Mailing Address
3225 AVIATION AVE. STE. 500 MIAMI, FL 33133	3225 AVIATION AVE. STE. 500 MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6705 Red Road	6705 Red Road
Suite, Apt. # etc. #522	Suite, Apt. #, etc. #522
City & State Coral Gables, Fl	City & State Coral Gables, Fl
Zip 33143 Country	Zip 33143 Country

4. FEI Number 26-1179038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVE.
SUITE 500 (JAF)
WEST PALM BEACH, FL 33401

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE MGRM / NAME Allan M. Jorge, M.D. / STREET ADDRESS 6705 Red Road, #522 / CITY-ST-ZIP Coral Gables, Fl 33143	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/28/08 305-446-6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #