2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L07000104942

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

Current Principal Place of Business:

6705 RED ROAD, #522
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

6705 RED ROAD, #522
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 26-1179038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVE.
SUITE 500 (JAF)
WEST PALM BEACH, FL 33401 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: MGRM ( ) Delete
Name: JORGE, ALLAN J J.D.
Address: 6705 RED ROAD, #522
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JORGE, ALLAN M M.D.
Address: 6705 RED ROAD, #522
City-St-Zip: CORAL GABLES, FL 33143

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: ALLAN M JORGE MGR 02/06/2009

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