

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104948

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** DRS. ARONSON, TRAINA & IBARS, CONSULTANTS IN NEUROLOGICAL SURGERY, LLC

**Current Principal Place of Business:**

6200 SUNSET DR STE 403  
MIAMI, FL 33143

**New Principal Place of Business:**

6200 SUNSET DR  
SUITE 403  
MIAMI, FL 33143

**Current Mailing Address:**

6200 SUNSET DR STE 403  
MIAMI, 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:** MGR  
**Name:** IBARS, GEORGE C MD  
**Address:** 6200 SUNSET DR STE 403  
**City-St-Zip:** MIAMI, FL 33143

**Title:** MGR  
**Name:** TRAINA, JOSEPH A MD  
**Address:** 6200 SUNSET DR STE 403  
**City-St-Zip:** MIAMI, FL 33143

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 Statutes.

SIGNATURE: GEORGE C. IBARS, M.D.      M.D.      02/22/2011

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