

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117717

FILED
Apr 07, 2009
Secretary of State

Entity Name: CENTRAL NEUROLOGY, P.L.

Current Principal Place of Business:

806 EDISON AVENUE
TAMPA, FL 33606

New Principal Place of Business:

2201 CENTRAL AVENUE
SUITE 200
TAMPA, FL 33713

Current Mailing Address:

806 EDISON AVENUE
TAMPA, FL 33606

New Mailing Address:

2201 CENTRAL AVENUE
SUITE 200
TAMPA, FL 33713

FEI Number: 32-0223568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 EAST KENNEDY BLVD., SUITE 2190
TAMPA, FL 336023664 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: SCOTT, GREGORY C
Address: 806 EDISON AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: VASQUEZ, ALBERTO B
Address: 304 1ST AVENUE SOUTH
City-St-Zip: TIERRA VERDI, FL 33715

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY C SCOTT

DR

04/07/2009

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