

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052982

FILED
Feb 01, 2009
Secretary of State

Entity Name: HERNANDO NEUROSURGERY, PLLC

Current Principal Place of Business:

17222 HOSPITAL DRIVE STE 350
BROOKSVILLE, FL 34601

New Principal Place of Business:

17222 HOSPITAL BLVD., STE 350
BROOKSVILLE, FL 34601

Current Mailing Address:

17222 HOSPITAL DRIVE STE 350
BROOKSVILLE, FL 34601

New Mailing Address:

17222 HOSPITAL BLVD., STE 350
BROOKSVILLE, FL 34601

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
5647 110TH AVE NORTH
ROYAL PALM BEACH, FL 33411 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: WYLEN, ESTHER L MD
Address: 6624 NORTH LAKESHORE DRIVE
City-St-Zip: SHREVEPORT, LA 71107

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WYLEN, ESTHER L MD
Address: 17222 HOSPITAL BLVD., STE 350
City-St-Zip: BROOKSVILLE, FL 34601

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: ESTHER L WYLEN, MD

MGRM

02/01/2009

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