

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052982

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** HERNANDO NEUROSURGERY, PLLC

**Current Principal Place of Business:**

17222 HOSPITAL BLVD., STE 350  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

17222 HOSPITAL BLVD., STE 350  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:** 35-2336971

**FEI Number Applied For ( )**

**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:**

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 US

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: TINA MAKI, PRESIDENT

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: ESTHER L WYLEN MD

MGRM

01/04/2011

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