

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053689

FILED
Mar 26, 2009
Secretary of State

Entity Name: NEURO.ORTHO.RAD. MONITORING, LLC

Current Principal Place of Business:

1397 MEDICAL PARK BLVD
SUITE 400
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1397 MEDICAL PARK BLVD
SUITE 400
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-2726144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRADEN, LISA
4623 FOREST HILL BLVD
SUITE 111
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

GONZALEZ, SARAH
1397 MEDICAL PARK BLVD.
SUITE 400
WELLINGTON, FL 33414 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: SARAH GONZALEZ

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DARE, AMOS
Address: 1397 MEDICAL PARK BLVD., SUITE 400
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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: AMOS DARE

DR.

03/26/2009

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