2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L08000095253

Entity Name: QUALITY NEUROSURGICAL GROUP, P.L.

Current Principal Place of Business:

1201 FIFTH AVENUE NORTH, SUITE 210
ST. PETERSBURG, FL

New Principal Place of Business:

1201 FIFTH AVENUE NORTH, SUITE 210
ST. PETERSBURG, FL 33705

Current Mailing Address:

1201 FIFTH AVENUE NORTH, SUITE 210
ST. PETERSBURG, FL

New Mailing Address:

1201 FIFTH AVENUE NORTH, SUITE 210
ST. PETERSBURG, FL 33705

FEI Number: 26-3533752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRONSTEIN, JOEL D
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: DAVID, MCKIALIP
Address: 1201 5TH AVE N SUITE 210
City-St-Zip: ST PETERSBURG, FL 33705

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: APRIL SALISBURY MGR 01/07/2009

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