2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

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Entity Name: QUALITY NEUROSURGICAL GROUP, P.L.

Current Principal Place of Business:

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

New Principal Place of Business:

431 S.W. BLVD. NORTH
ST. PETERSBURG, FL 33703

Current Mailing Address:

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

New Mailing Address:

431 S.W. BLVD. NORTH
ST. PETERSBURG, FL 33703

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

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: MGRM
Name: DAVID, MCKALIP
Address: 431 S.W. BLVD NORTH
City-St-Zip: ST PETERSBURG, FL 33703

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 Statues.

SIGNATURE: DAVID M. MCKALIP M.D. DR. 02/17/2011

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