2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# L09000026666

Entity Name: NEUROSURGICAL INSTITUTE OF FORT. LAUDERDALE, LLC

Current Principal Place of Business:

1201 SOUTH ANDREWS AVENUE
SUITE 200
FORT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

401 EAST LAS OLAS BLVD.
SUITE 130-137
FORT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-8978748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOFSEN, HOWARD
9728 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: BROWARD MULTISPECIALTY GROUP, LLC
Address: 401 EAST LAS OLAS BLVD, SUITE 130-137
City-St-Zip: FORT. LAUDERDALE, FL 33301 US

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: GABRIELLE FINLEY-HAZLE CEO 04/27/2010

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