2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2010
Secretary of State

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Entity Name: CORAL GABLES NEUROSURGICAL PHYSICIANS, LLC

Current Principal Place of Business:

6855 RED ROAD, STE. 600
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

6855 RED ROAD, STE. 600
CORAL GABLES, FL 33143

New Mailing Address:

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

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R ESQ.
6855 RED ROAD, STE. 600
CORAL GABLES, FL 33143 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: MGR
Name: LAZO, NELSON
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR
Name: LAWSON, RALPH E
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR
Name: GREENLEAF, WENDY
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

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: RALPH E. LAWSON MGR 03/03/2010

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