

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084597

FILED
Jan 05, 2011
Secretary of State

Entity Name: NEUROLOGY OFFICES OF SOUTH FLORIDA, PLLC

Current Principal Place of Business:

9970 CENTRAL PARK BLVD., STE 207
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

9970 CENTRAL PARK BLVD., STE 207
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 27-0843687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTELL, BRIAN
12385 NW 81ST ST.
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

COSTELL, BRIAN A MD
12385 NW 81ST ST.
PARKLAND, FL 33076 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: BRIAN A. COSTELL

01/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: COSTELL, BRIAN A MD
Address: 12385 NW 81ST ST.
City-St-Zip: PARKLAND, FL 33076 US

Title: MGR
Name: NESIC, MICHELE L
Address: 9970 CENTRAL PARK BLVD, SUITE 207
City-St-Zip: BOCA RATON, FL 33428

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 Statutes.

SIGNATURE: BRIAN A. COSTELL

CEO

01/05/2011

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