

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112852

FILED
Apr 21, 2010
Secretary of State

Entity Name: FLORIDA NEUROSURGERY & ORTHOPAEDIC INSTITUTE, LLC

Current Principal Place of Business:

4290 PROFESSOINAL CENTER DRIVE, SUITE 105
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4290 PROFESSOINAL CENTER DRIVE, SUITE 105
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 27-1650971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, LAWRENCE ESQUIRE
1240 PARKSIDE GREEN DRIVE, UNIT B
WEST PALM BEACH, FL 33415 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: GOMEZ, HELDO DR
Address: 4290 PROFESSOINAL CENTER DRIVE, SUITE 105
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: DR. HELDO GOMEZ

MGR

04/21/2010

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