

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112852

FILED
Apr 29, 2011
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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:

GOMEZ, HELDO JR
4290 PROFESSIONAL CENTER DRIVE
SUITE 105
PALM BEACH GARDENS, FL 33410 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: HELDO GOMEZ, JR

04/29/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: GOMEZ, HELDO JR
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: HELDO GOMEZ, JR

PRES

04/29/2011

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