2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# L10000019810

Entity Name: NEUROLOGY & SPINE DISORDERS, LLC

Current Principal Place of Business:

1673 MASON AVE., SUITE 305
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

PO BOX 48
DAYTONA BEACH, FL 32115

New Mailing Address:

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

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
CNL CENTER II, 7TH FLOOR
420 S. ORANGE AVE.
ORLANDO, FL 32801 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: STONE, MELVIN
Address: PO BOX 48
City-St-Zip: DAYTONA BEACH, FL 32115

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: MELVIN STONE MGR 03/30/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date