

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023873

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** NEUROSURGICAL ASSOCIATES OF ST. AUGUSTINE, LLC

**Current Principal Place of Business:**

301 HEALTH PARK BLVD. SUITE 216  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

201 HEALTH PARK BLVD. SUITE 215  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

P.O. BOX 3185  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 27-2061588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACHADO, MIGUEL A MD  
301 HEALTH PARK BLVD. SUITE 216  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

MACHADO, MIGUEL A MD  
201 HEALTH PARK BLVD. SUITE 215  
ST. AUGUSTINE, FL 32086 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: MIGUEL A. MACHADO, M.D.

02/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MACHADO, MIGUEL A  
Address: 201 HEALTH PARK BLVD. SUITE 215  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: MIGUEL A. MACHADO

MGR

02/11/2011

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