

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025895

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL NEURODIAGNOSTICS & NEUROLOGY, PL

**Current Principal Place of Business:**

113 RIVER ROAD  
SATSUMA, FL 32189

**New Principal Place of Business:**

1536 KINGSLEY AVENUE  
SUITE 116  
ORANGE PARK, FL 32073

**Current Mailing Address:**

113 RIVER ROAD  
SATSUMA, FL 32189

**New Mailing Address:**

**FEI Number:** 27-2040510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUGH, RONNIE D  
113 RIVER ROAD  
SATSUMA, FL 32189 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:** MGRM  
**Name:** BAUGH, RONNIE D  
**Address:** 113 RIVER ROAD  
**City-St-Zip:** SATSUMA, FL 32189

**Title:** MGR  
**Name:** PRINGLE, VICKI L  
**Address:** 113 RIVER ROAD  
**City-St-Zip:** SATSUMA, FL 32189

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: RON D. BAUGH

MGRM

04/19/2011

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