2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# L10000100807

Entity Name: NEUROLOGY AND SPINE CENTER LLC

Current Principal Place of Business:

3501 HEALTH CENTER BLVD.
STE. 2140
BONITA SPRINSG, FL 34135 10

New Principal Place of Business:

Current Mailing Address:

3501 HEALTH CENTER BLVD.
STE. 2140
BONITA SPRINSG, FL 34135 10

New Mailing Address:

FEI Number: 27-2016148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORELL, THOMAS M.D.
3501 HEALTH CENTER BLVD., STE. 2140
BONITA SPRINGS, FL 34135 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: MORELL, THOMAS M.D.
Address: 13650 FIDDLESTICKS BLVD. STE 202-225
City-St-Zip: FORT MYERS, FL 33912

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: THOMAS C MORELL DR 01/11/2011

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