

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123450

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** NEUROSURGERY CARE CENTER, LLC

**Current Principal Place of Business:**

1711 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

9300 SW 87TH AVENUE, #6  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 26-1179038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

IBARS, GEORGE C  
9300 SW 87TH AVENUE, #6  
MIAMI, FL 33176 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: IBARS, GEORGE C  
Address: 6200 SW 72ND STREET, #403  
City-St-Zip: MIAMI, FL 33143

Title: MGR  
Name: TRAINA, JOSEPH A  
Address: 6200 SW 72ND STREET, #403  
City-St-Zip: MIAMI, FL 33143 1

Title: MGR  
Name: PRATS, ANTONIO R  
Address: 3661 S. MIAMI AVENUE, #401  
City-St-Zip: MIAMI, FL 33175 1

Title: MGR  
Name: ACEBAL, PABLO J  
Address: 11760 SW 40TH STREET, #511  
City-St-Zip: MIAMI, FL 33175 1

Title: MGR  
Name: JORGE, ALLAN M  
Address: 6705 RED ROAD, #522  
City-St-Zip: CORAL GABLES, FL 33143 1

Title: MGR  
Name: NARANJO, JULIAN F  
Address: 7000 SW 62ND AVENUE, #535  
City-St-Zip: MIAMI, FL 33143 1

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: GEORGE C. IBARS

MGR

02/17/2011

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