

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123450

FILED
Mar 19, 2012
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:

6200 SW 72ND STREET
403
SOUTH MIAMI, FL 33143

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

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

03/19/2012

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