

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125823

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** CONSULTANTS IN NEUROLOGICAL SURGERY, PLANTATION, LLC

**Current Principal Place of Business:**

301 NW 84TH AVE. #206  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

9300 SW 87TH AVE.  
#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  
6200 SW 72ND STREET, #403  
MIAMI, FL 33143 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 72 STREET, SUITE 403  
**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