

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000101711

FILED
May 23, 2012
Secretary of State

Entity Name: NEUROSURGEONS OF NW FLORIDA, LLC

Current Principal Place of Business:

24 WALTER MARTIN RD. NE
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

24 WALTER MARTIN RD. NE
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, MICHAEL
24 WALTER MARTIN RD. NE
FORT WALTON BEACH, FL 32548 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: MEAD, MICHAEL
Address: 24 WALTER MARTIN RD. NE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: MICHAEL MEAD

MGR

05/23/2012

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