


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company COLLIER NEUROLOGIC SPECIALISTS, L.C. 680 GOODLETTE RD N NAPLES FL 34102		DOCUMENT # L97000000600 903/3 1a. Principal Place of Business Address 680 GOODLETTE RD N NAPLES FL 34102	
2. Principal Place of Business SAME Suite, Apt. #, etc.	2a. Mailing Address SAME Suite, Apt. #, etc.	3. Date Organized or Qualified 05/29/1997	3a. State of Formation FL
City & State	City & State	4. FEI Number 59-3454890	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip COLLIER	Country	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent MENKHAUS, DAVID J 4800 N FEDERAL HWY SUITE 210-A BOCA RATON FL 33431		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002451998-- 7 Suite, Apt. #, etc. -03/10/98--01030--003 ***188.75 ***188.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ERTAG, WILLIAM M.D.	680 GOODLETTE RD N	NAPLES FL
MGR	LITTLE, JOHN R M.D.	680 GOODLETTE RD N	NAPLES FL
MGR	SPIL, SAMUEL M.D.	680 GOODLETTE RD N	NAPLES FL DELETE
MGR	WOLFF, BRIAN M.D.	680 GOODLETTE RD N	NAPLES FL
MGR	DERNBACH, PAUL M.D.	680 GOODLETTE RD N	NAPLES FL
MGR	CAMPBELL, JOHN M.D.	680 GOODLETTE RD N	NAPLES FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Paul D. DERNBACH **PAUL D. DERNBACH**
MANAGER **2/24/98 (941) 262-1721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #