

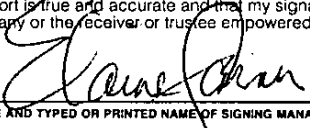


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90018 041 ****50.00

DOCUMENT # L97000000600 1. Entity Name COLLIER NEUROLOGIC SPECIALISTS, P.L.L.C.					
Principal Place of Business 730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102				Mailing Address 730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3454890	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
-- 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAULLC, NICK 2400 TAMiami TRAIL N. #201 NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, MATTHEW MD 730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLON, GARY P 730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLFF, BRIAN M.D. 730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DERNBACH, PAUL M.D. 730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, JOHN M.D. 703 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUSTIZ, WILLIAM 730 GOODLETTE RD, STE. 100 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
730 GOODLETTE ROAD STE.100		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
730 GOODLETTE ROAD STE.100		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I 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 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.					
SIGNATURE: 			Date 4/12/05 (239) 262-8971		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					