## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2006 08:00 AN Secretary of State

| DOCUMENT # L9700000600  1. Entity Name COLLIER NEUROLOGIC SPECIALISTS, XX. LLC   |   |  |               |                            |                                     | Sec                       | cretary                        | of                    | State      |
|--|---|--|---------------|----------------------------|-------------------------------------|---------------------------|--------------------------------|-----------------------|------------|
| Principal Place of Business  |   | Mailing Address                                  |               |                            |                                     | <u>-</u>                  | 5.                             |                       | ٠          |
| 730 GOODLETTE ROAD, STE. 100<br>NAPLES, FL 34102   |   | 730 GOODLETTE ROAD, STE. 100<br>NAPLES, FL 34102 |               |                            |                                     |                           |                                |                       |            |
| 2. Principal Place of Business   |   | 3. Mailing Address                               |               |                            |                                     |                           |                                |                       |            |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                              |               |                            | 04202006                            | Chg-LLC                   | CR2E083 (11                    | /05)                  |            |
| City & State   |   | City & State                                     |               | 4. FEI Number 59-345       | -                                   |                           |                                | ied For<br>Applicable |            |
| Zip  | Country   | Zip Country                                      |               | atry                       |                                     | of Status Desired         |                                | O Additi              |            |
|  | 6. Name and Address of Current  | Registered Agent                                 |               | <b></b>                    | 7. Name and                         | Address of New Re         |                                | quaeu                 |            |
| PAULLC, I  |   |  | Name          |                            | <u></u>                             |                           |                                |                       |            |
|  | IAMI TRAIL N. #201  | Street Address                                   |               |                            | (P.O. Box Number is Not Acceptable) |                           |                                |                       |            |
|  |   |  |               | Cin                        |                                     |                           |                                | . 0 - 1-              |            |
| 9 The above  | a accord outile, a demite this statement for                          | a the acceptance of the second state of          |               | City                       |                                     | de la des Oceans of Marc  | FL                             | Code                  |            |
| the obliga   | named entity submits this statement for<br>tions of registered agent. | if the purpose of changing its                   | registere     | ea office or register      | ed agent, or bot                    | in, in the State of Floni | da. I am tamiliar              | with, an              | nd accept  |
| SIGNATURE  | Signature, typed or printed name of registered agent                  | and title if applicable. (NOTE                   | Registere     | d Agent signature required | when reinstating)                   |                           | DATE                           |                       |            |
|  |   |  |               |                            |                                     |                           |                                |                       |            |
| D  | iling Fee is \$50.00<br>ue by May 1, 2006                             |  |               |                            |                                     |                           | check payable<br>Department of |                       |            |
| 9.   | MANAGING MEMBE  | RS/MANAGERS                                      | 10.           | :                          |                                     | ADDITIONS/C               | HANGES Ch                      | 3006                  | ☐ Addition |
| NAME   | BAKER, MATTHEW MD   |  | NAMI          |                            |                                     | f family many many man    | _                              | -                     | AGGIGGIS   |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1   |  |               | ET ADDRESS<br>-ST-ZIP      |                                     | U00000:<br>-05/09/06      | 638023<br>80042-001            | 50.                   | 00         |
| TITLE  | MGR   | ☐ Delete   | IIILE         | 1                          |                                     |                           | ☐ Ch                           | ange                  | ☐ Addition |
| NAME<br>STREET ADDRESS   | COLON, GARY P<br>730 GOODLETTE ROAD, STE.                             | 00   | NAME          | E<br>Et adoress            |                                     |                           |                                |                       | :          |
| CITY-ST-ZIP  | NAPLES, FL 34102  |  | EITY          | -ST-ZIP                    |                                     |                           |                                | <del></del>           |            |
| TITLE<br>Name  | MGR<br>WOLFF, BRIAN M.D.  | Delete   | TITLE         | I                          |                                     |                           | ☐ Ch                           | ange                  | Addition   |
| STREET ADDRESS<br>CITY-ST-2IP  | 730 GOODLETTE ROAD, STE. NAPLES, FL 34102                             | 00   | STRE          | ET ADDRESS<br>-ST-ZIP      |                                     |                           |                                |                       |            |
| TITLE  | MGR   | ☐ Delete   | TITLE         |                            |                                     |                           | ☐ Ch                           | ange                  | Addition   |
| NAME<br>STREET ADDRESS   | DERNBACH, PAUL M.D.   | 00   | NAME          | i i                        |                                     |                           |                                |                       |            |
| CITY-ST-ZIP  | 730 GOODLETTE ROAD, STE. 1<br>NAPLES, FL 34102                        |  | 1             | et address<br>-St-zip      |                                     |                           |                                |                       |            |
| TITLE<br>NAME  | MGR<br>CAMPBELL, JOHN M.D.  | ☐ Defete   | TITLE         | 1                          |                                     |                           | □ ch                           | ange                  | Addition   |
| STREET ADDRESS   | 730 GOODLETTE RD, STE 100   |  | NAME<br>STREE | ET ADDRESS                 |                                     |                           |                                |                       |            |
| CITY-ST-ZIP  | NAPLES, FL 34102  | 7 <del>2-1</del> _                               |               | -ST-ZIP                    |                                     |                           |                                |                       |            |
| title<br>Name  | MGR<br>JUSTIZ, WILLIAM  | ∐ Delete   | TITLE         | 1                          |                                     |                           | □ Ch                           | ruđe                  | Addition   |
| STREET ADORESS<br>City-St-Zip  | DORESS 730 GOODLETTE RD, STE. 100 STRI                                |  |               | ET ADDRESS<br>-ST-ZIP      |                                     |                           |                                |                       |            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |  |               |                            |                                     |                           |                                |                       |            |
| 010111   |   | 11   |               |                            |                                     | 1.7 (4.7)                 | 10) 040 0                      |                       |            |
| SIGNAT   | URE: SIGNATURE AND TYPED OR PRINTED NAME O                            | SIGNING MANAGING MEMBER, MAN                     | AGER, OR      | AUTHORIZED REPRESEN        |                                     | 1.25-06 (23               | 39) 262–8<br>Daytime Ph        |                       |            |