


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L97000000600</b> 1. Entity Name <b>COLLIER NEUROLOGIC SPECIALISTS, P.L.</b>					
Principal Place of Business <b>730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102</b>			Mailing Address <b>730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>59-3454890</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PAULLC, NICK 2400 TAMiami TRAIL N. #201 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000761073 05/25/07-80041-012 50.00</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLFF, BRIAN M.D. 730 GOODLETTE ROAD, STE. 100 NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, JOHN M.D. 730 GOODLETTE RD, STE 100 NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <b>S-1-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					