

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000600

FILED
Jan 08, 2009
Secretary of State

Entity Name: COLLIER NEUROLOGIC SPECIALISTS, P.L.

Current Principal Place of Business:

730 GOODLETTE ROAD, STE. 100
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

730 GOODLETTE ROAD, STE. 100
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3454890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULLC, NICK
2400 TAMIAMI TRAIL N. #201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

PAUL, NICK CPA
2400 TAMIAMI TRAIL N. #201
NAPLES, FL 34103 US

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: PAUL NICK

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAKER, MATTHEW MD
Address: 730 GOODLETTE ROAD, STE. 100
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: COLON, GARY P
Address: 730 GOODLETTE ROAD, STE. 100
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: WOLFF, BRIAN M.D.
Address: 730 GOODLETTE ROAD, STE. 100
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: DERNBACH, PAUL M.D.
Address: 730 GOODLETTE ROAD, STE. 100
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: CAMPBELL, JOHN M.D.
Address: 730 GOODLETTE RD, STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: JUSTIZ, WILLIAM
Address: 730 GOODLETTE RD, STE. 100
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MARIA, SANTIAGO M.D.
Address: 730 GOODLETTE ROAD, STE. 100
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MATTHEW BAKER, MD

MGR

01/08/2009

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