

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000600

FILED
Mar 20, 2012
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:

730 GOODLETTE ROAD
SUITE 100
NAPLES, FL 34102

Current Mailing Address:

730 GOODLETTE ROAD, STE. 100
NAPLES, FL 34102

New Mailing Address:

730 GOODLETTE ROAD
SUITE 100
NAPLES, FL 34102

FEI Number: 59-3454890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, ELAINE
730 GOODLETTE RD N
STE 100
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

I hereby 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

03/20/2012

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