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File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 MAR 11 AM 10:58

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L98000003414</b>
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NEUROSCIENCE AND SPINE ASSOCIATES, P.L.  
 670 GOODLETTE ROAD NORTH  
 NAPLES FL 34102

1a. Principal Place of Business Address

670 GOODLETTE ROAD NORTH  
 NAPLES FL 34102

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/1998	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0703990	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
HUSSEY, F. DESMOND III 670 GOODLETTE ROAD NORTH NAPLES FL 34102		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		Zip Code	
		FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BERCAW, BEAUREGARD L M	670 GOODLETTE ROAD NORTH	NAPLES FL
MGRM	SUDDERTH, DAVID B M.D.	670 GOODLETTE ROAD NORTH	NAPLES FL
MGRM	NOVAK, MICHAEL D	670 GOODLETTE ROAD NORTH	NAPLES FL
MGRM	NEUROLOGY-CENTER-OF-NA	670 GOODLETTE ROAD NORTH	NAPLES FL
MGRM	Kandel, Joseph, M.D.	670 GOODLETTE ROAD NORTH	NAPLES FL
MGRM	THE F. DESMOND HUSSEY	670 GOODLETTE ROAD NORTH	NAPLES FL
MGRM	Hussey, F. Desmond III M.D.	670 GOODLETTE ROAD NORTH	NAPLES FL
MGRM	MORELL, THOMAS C M.D.	670 GOODLETTE ROAD NORTH	NAPLES FL

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3-8-99  
 (Signature and typed or printed name of signing managing member or manager)