

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000003414

1. Entity Name  
NEUROSCIENCE AND SPINE ASSOCIATES, P.L.



Principal Place of Business  
1660 MEDICAL BLVD., SUITE 200  
NAPLES, FL 34110

Mailing Address  
1660 MEDICAL BLVD., SUITE 200  
NAPLES, FL 34110



04162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0703990

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HUSSEY, F. DESMOND III  
670 GOODLETTE ROAD NORTH  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME LUSK, MICHAEL D M.D.  
STREET ADDRESS 1660 MEDICAL BLVD., SUITE 200  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM  
NAME SUDDERTH, DAVID B M.D.  
STREET ADDRESS 1660 MEDICAL BLVD., SUITE 200  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM  
NAME NOVAK, MICHAEL D  
STREET ADDRESS 1660 MEDICAL BLVD., SUITE 200  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM  
NAME KANDEL, JOSEPH MD  
STREET ADDRESS 1660 MEDICAL BLVD., SUITE 200  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM  
NAME HUSSEY, F. DESMOND III MD  
STREET ADDRESS 1660 MEDICAL BLVD., SUITE 200  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM  
NAME MORELL, THOMAS C M.D.  
STREET ADDRESS 1660 MEDICAL BLVD., SUITE 200  
CITY-ST-ZIP NAPLES, FL 34110

000000153831  
05/04/04-80142-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-23-04

Date

Daytime Phone #