2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# L98000003414

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

Current Principal Place of Business:

1660 MEDICAL BLVD., SUITE 200
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1660 MEDICAL BLVD., SUITE 200
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-0703990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSSEY, F. DESMOND III
670 GOODLETTE ROAD NORTH
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:	MGRM	( ) Delete
Name:	LUSK, MICHAEL D M.D.	
Address:	1660 MEDICAL BLVD., SUITE 200	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	SUDDERTH, DAVID B M.D.	
Address:	1660 MEDICAL BLVD., SUITE 200	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	NOVAK, MICHAEL D	
Address:	1660 MEDICAL BLVD., SUITE 200	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	KANDEL, JOSEPH MD	
Address:	1660 MEDICAL BLVD., SUITE 200	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	HUSSEY, F. DESMOND III MD	
Address:	1660 MEDICAL BLVD., SUITE 200	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	MORELL, THOMAS C M.D.	
Address:	1660 MEDICAL BLVD., SUITE 200	
City-St-Zip:	NAPLES, FL 34110	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JOSEPH KANDEL MGRM 02/01/2006

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