

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003414

FILED
Feb 23, 2007
Secretary of State

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: MGRM (X) Change () Addition
Name: GERBER, MARK M.D.
Address: 8380 RIVERWALK PARK BLVD.
City-St-Zip: FORT MYERS, FL 33919

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: MARK GERBER MD

MGMR

02/23/2007

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