

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003414

FILED  
Feb 15, 2008  
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:

8380 RIVERWALK PARK BLVD.  
320  
FORT MYERS, FL 33919

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:

VICKERS, MICHAEL J MD  
1660 MEDICAL BLVD  
200  
NAPLES, FL 34110 US

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: MICHAEL J. VICKERS MD

02/15/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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: VICKERS, MICHAEL J. M.D.  
Address: 1660 MEDICAL BLVD., SUITE 200  
City-St-Zip: NAPLES, FL 34110

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 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: MICHAEL J. VICKERS MD

MGRM

02/15/2008

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