

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003414

FILED  
Jan 27, 2009  
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:

8380 RIVERWALK PARK BLVD.  
320  
FORT MYERS, FL 33919

## Current Mailing Address:

8380 RIVERWALK PARK BLVD.  
320  
FORT MYERS, FL 33919

## 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:

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

Title: MGMR (X) Change ( ) Addition  
Name: GERBER, MARK B MD  
Address: 8380 RIVERWALK PARK BLVD. SUITE 320  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM (X) Change ( ) Addition  
Name: NOVAK, MICHAEL D  
Address: 1660 MEDICAL BLVD., SUITE 200  
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM (X) Change ( ) Addition  
Name: KANDEL, JOSEPH MD  
Address: 8380 RIVERWALK PARK BLVD. SUITE 320  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM (X) Change ( ) Addition  
Name: HUSSEY, F. DESMOND III MD  
Address: 1660 MEDICAL BLVD., SUITE 200  
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM (X) Change ( ) Addition  
Name: MORELL, THOMAS C M.D.  
Address: 8380 RIVERWALK PARK BLVD. SUITE 320  
City-St-Zip: FORT MYERS, FL 33919 US

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 VICKERS MD

MGMR

01/27/2009

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