

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003414

FILED
Apr 06, 2010
Secretary of State

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

Current Principal Place of Business:

8380 RIVERWALK PARK BLVD.
320
FORT MYERS, FL 33919

New Principal Place of Business:

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

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

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

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

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

I hereby 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: KATHLEEN TOPLIFF

ACCT

04/06/2010

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