

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003414

**FILED**  
**Feb 22, 2012**  
**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:**

1660 MEDICAL BLVD.  
200  
NAPLES, FL 34110

**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

**Title:** MGR,  
**Name:** LUSK, MICHAEL  
**Address:** 1660 MEDICAL BLVD., SUITE 200  
**City-St-Zip:** NAPLES, FL 34110

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: MICHAEL VICKERS

MGMR

02/22/2012

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