# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 21, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L99000008316

1. Entity Name
WINDSOR OAKS NEUROLOGY, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1901 SE 18TH AVE., BLDG. 400A<br>OCALA, FL 34471 | 1901 SE 18TH AVE., BLDG. 400A<br>OCALA, FL 34471 |

**DO NOT WRITE IN THIS SPACE**

04152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3612834
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, GREGORY
1901 SE 18TH AVE., BLDG. 400A
OCALA, FL 34471

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed, of individual (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2004**

U00000122702
04/21/04-80039-019 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | HOWELL, GREGORY |
| STREET ADDRESS | 1901 SE 18TH AVE., BLDG. 400A |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | MGR |
| NAME | (KEN) NG, CHI-KIN |
| STREET ADDRESS | 1901 SE 18TH AVE., BLDG. 400A |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | MGR |
| NAME | GAUDIER, JOSE A |
| STREET ADDRESS | 1901 SE 18TH AVE., BLDG. 400A |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | MGR |
| NAME | GAYA', WILLIAM |
| STREET ADDRESS | 1901 SE 18TH AVE., BLDG. 400A |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** GREGORY J. HOWELL Gregory J Howell 19 APR 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #