2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# M05000000786

Entity Name: MORTON PLANT GAMMA KNIFE, L.L.C.

Current Principal Place of Business:

1522 W. MORRIS STREET, SUITE 200
INDIANAPOLIS, IN 46221

New Principal Place of Business:

Current Mailing Address:

1522 W. MORRIS STREET, SUITE 200
INDIANAPOLIS, IN 46221

New Mailing Address:

FEI Number: 20-1063721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR ESQ
INTERVEST BANK BUILDING
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 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: MGR ( ) Delete
Name: U.S. MEDICAL NEUROSC, IENCE INVESTME N TS, LLC
Address: 1522 W MORRIS STREET, SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46221

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FREDERICK B. PRICE MR. 05/01/2006

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