

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000786

**FILED**  
**Feb 12, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

3037 S MERIDIAN ST  
INDIANAPOLIS, IN 46217

**New Principal Place of Business:**

5351 E. THOMPSON ROAD  
#257  
INDIANAPOLIS, IN 46237 US

**Current Mailing Address:**

3037 S MERIDIAN ST  
INDIANAPOLIS, IN 46217

**New Mailing Address:**

5351 E. THOMPSON ROAD  
#257  
INDIANAPOLIS, IN 46237 US

**FEI Number:** 20-1063721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: 3037 S MERIDIAN ST  
City-St-Zip: INDIANAPOLIS, IN 46217

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: U.S. MEDICAL NEUROSC, IENCE INVESTME N TS, LLC  
Address: 5351 E. THOMPSON ROAD, #257  
City-St-Zip: INDIANAPOLIS, IN 46237 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:** JOHN M. HAKES

MR.

02/12/2009

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