

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006123

**FILED**  
**Feb 22, 2007**  
**Secretary of State**

**Entity Name:** SEALYM CLINICAL NEUROLOGY & EPILEPSY, PLLC

**Current Principal Place of Business:**

7000 SPYGLASS CRT., SUITE 350  
MELBOURNE, FL 32941

**New Principal Place of Business:**

7000 SPYGLASS CRT.,  
SUITE 350  
MELBOURNE, FL 32940

**Current Mailing Address:**

PO BOX 411177  
MELBOURNE, FL 32941

**New Mailing Address:**

**FEI Number:** 05-0568739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEALY, ORSAN  
7000 SPYGLASS CRT., SUITE 350  
MELBOURNE, FL 32941 US

**Name and Address of New Registered Agent:**

SEALY, ORSAN  
7000 SPYGLASS CRT.,  
SUITE 350  
MELBOURNE, FL 32940 US

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:

02/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SEALY, DARWYN DR.  
Address: 7000 SPYGLASS CRT., SUITE 350  
City-St-Zip: MELBOURNE, FL 32941

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SEALY, DALWYN DR.  
Address: 7000 SPYGLASS CRT., SUITE 350  
City-St-Zip: MELBOURNE, FL 32941

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: ORSAN SEALY

MR.

02/22/2007

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