# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 07, 2010**
**Secretary of State**

DOCUMENT# M09000003938

**Entity Name:** SOUTHERN NEUROPHYSIOLOGY, LLC

**Current Principal Place of Business:**

6250 SHILOH ROAD SUITE 110
ALPHARETTA, GA 30005

**New Principal Place of Business:**

**Current Mailing Address:**

6250 SHILOH ROAD SUITE 110
ALPHARETTA, GA 30005

**New Mailing Address:**

**FEI Number: 58-2132558** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: NGRN
Name: ALLEN, ROBERT R III
Address: 6250 SHILOH ROAD SUITE 110
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO
Name: DAVIS, KATHERINE A
Address: 6250 SHILOH ROAD SUITE 110
City-St-Zip: ALPHARETTA, GA 30005

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 Statues.

SIGNATURE: KATHERINE ANN DAVIS CFO 08/07/2010

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