

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003938

FILED
Jan 05, 2012
Secretary of State

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 Statutes.

SIGNATURE: ANN DAVIS

CFO

01/05/2012

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