

COMMONWEALTH OF KENTUCKY
TREY GRAYSON
SECRETARY OF STATE



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Trey Grayson
Secretary of State
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STATEMENT OF REGISTRATION OR RENEWAL OF LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies for registration or renewal as a limited liability partnership on behalf of the partnership named below and for that purpose submits the following statements:

1. Registration Renewal
(CHECK ONE)

2. The name of the limited liability partnership is

Neurosurgical Consultants, LLP

3. The state or country of formation is Kentucky

4. The principal office address is

815 E. Parrish Avenue, Suite 320, Owensboro

KY

42303

Address

City

State

Zip Code

5. The number of partners is 3

6. The names of the partners are

David M. Eggers, M.D., P.S.C.

Name of Partner

Name of Partner

Harold C. Cannon, M.D., P.S.C.

Name of Partner

Name of Partner

Jose M. Arias, M.D., P.S.C.

Name of Partner

Name of Partner

(Attach a continuation sheet, if necessary)

7. The nature of the business of the partnership is

Private medical practice

(Brief Description)

The statement is executed by

Signature

Signature

Signature
Signature

David M. Eggers, M.D.

Print or type name and title

11/13/06

Date

Harold C. Cannon, M.D.

Print or type name and title

11/13/06

Date

Jose M. Arias, M.D.,

Print or type name and title

11/13/06

Date

Print or type name and title

Date