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Trey Grayson
Secretary of State
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Kentucky Secretary of State TREY GRAYSON

Division of Corporations
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Statement of Registration or Renewal REG 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 (CHECK ONE) Renewal

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

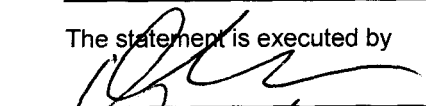
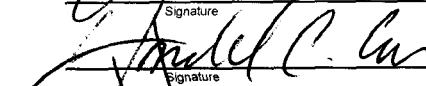
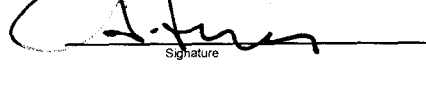
5. The number of partners is 3

6. The names of the partners are
David M. Eggers, M.D., P.S.C. Name of Partner
Harold C. Cannon, M.D., P.S.C. Name of Partner
Jose M. Arias, M.D., P.S.C. 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

	<u>David M. Eggers, M.D.</u>	<u>10-10-2007</u>
<small>Signature</small>	<small>Print or type name and title</small>	<small>Date</small>
	<u>Harold C. Cannon, M.D.</u>	<u>10-10-2007</u>
<small>Signature</small>	<small>Print or type name and title</small>	<small>Date</small>
	<u>Jose M. Arias, M.D.</u>	<u>10-10-2007</u>
<small>Signature</small>	<small>Print or type name and title</small>	<small>Date</small>
<small>Signature</small>	<small>Print or type name and title</small>	<small>Date</small>