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Trey Grayson
Secretary of State

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Kentucky Secretary of State
TREY GRAYSON

Division of Corporations
BUSINESS FILINGS

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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 of formation for the Limited Liability Partnership is Kentucky.

4. The principal office address is 815 E. Parrish Ave., Suite 320, Owensboro, KY 42303
Address City State Zip Code

5. The number of partners is 4

6. The names of the partners are
David M. Eggers Neil A. Troffkid
Name of Partner Name of Partner
Harold C. Cannon
Name of Partner
Jose M. Arias
Name of Partner Name of Partner

(Attach a continuation sheet, if necessary)

7. The nature of the business of the partnership is Neurosurgery Medical Practice
(Brief Description)

The statement is executed by

David M. Eggers [Signature] _____
Signature Print or type name and title Date
Harold C. Cannon [Signature] 10/28/08
Signature Print or type name and title Date
Jose M. Arias [Signature] _____
Signature Print or type name and title Date
Neil A. Troffkid [Signature] 10/23/08
Signature Print or type name and title Date