2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# L04000049973

Entity Name: FLORIDA NEUROPSYCHOLOGICAL ASSOCIATES, LLC

Current Principal Place of Business:

1514 WHITEHALL DRIVE
401
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

9040 STATE ROAD 84
DAVIE, FL 33324

Current Mailing Address:

1514 WHITEHALL DRIVE
401
FORT LAUDERDALE, FL 33324

New Mailing Address:

9040 STATE ROAD 84
DAVIE, FL 33324

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

Name and Address of Current Registered Agent:

LAW OFFICES OF DAN MCLAUGHLIN
950 S. PINE ISLAND RD.
150 A
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

LAW OFFICES OF DAN MCLAUGHLIN
9040 STATE ROAD 84
DAVIE, FL 33324 US

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: DANIEL J. MCLAUGHLIN, ESQ. 01/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CASSIDY, SHELIA
Address: 1514 WHITEHALL DRIVE #401
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CASSIDY, SHELIA R
Address: 1514 WHITEHALL DRIVE #401
City-St-Zip: FORT LAUDERDALE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHELIA R. CASSIDY, PSY.D. MGRM 01/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date