

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126035

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** KINER NEUROLOGY & PSYCHOLOGY CONSULTANTS, LLC

**Current Principal Place of Business:**

3000 NORTH OCEAN DRIVE  
APT. 36E  
SINGER ISLAND, FL 33404

**New Principal Place of Business:**

1330 WEST AVE.  
APT 2403  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

3000 NORTH OCEAN DRIVE  
APT. 36E  
SINGER ISLAND, FL 33404

**New Mailing Address:**

1330 WEST AVE.  
APT 2403  
MIAMI BEACH, FL 33139 US

**FEI Number:** 27-4356647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KINER, JASON  
3000 NORTH OCEAN DRIVE  
APT. 36E  
SINGER ISLAND, FL 33404 US

**Name and Address of New Registered Agent:**

KINER, JASON  
1330 WEST AVE.  
APT 2403  
MIAMI BEACH, FL 33139 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:

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KINER, JASON  
Address: 1330 WEST AVE.  
City-St-Zip: MIAMI BEACH, FL 33139 UN

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: JASON KINER

MGRM

04/25/2012

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