

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134979

**Entity Name:** NSC OT-PT 2, LLC

**Current Principal Place of Business:**

4601 PONCE DE LEON BLVD.  
SUITE 101  
CORAL GABLES, FL 33146

**Current Mailing Address:**

POST OFFICE BOX 160010  
HIALEAH, FL 33016

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NEUROSCIENCE CONSULTANTS, LLP  
9960 NW 116 WAY  
SUITE 13  
MEDLEY, FL 33178 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NEUROSCIENCE CONSULTANTS, LLP  
Address 9960 NW 116 WAY SUITE 13  
City-State-Zip: MEDLEY FL 33178

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LANNY PAULEY

MGR

02/01/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date