

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000096425

**FILED**  
**Jan 09, 2013**  
**Secretary of State**  
**CC3528480360**

**Entity Name:** THE NEUROFEEDBACK INSITITUTE, LLC

**Current Principal Place of Business:**

17100 ROYAL PALM BLVD.  
SUITE 1  
WESTON, FL 33326

**Current Mailing Address:**

17100 ROYAL PALM BLVD.  
SUITE 1  
WESTON, FL 33326 US

**FEI Number:** 46-0721840

**Certificate of Status Desired:** No

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

HARRIS, RICK A  
17100 ROYAL PALM BLVD.  
SUITE 1  
WESTON, FL 33326 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            HARRIS, RICK A  
Address        17100 ROYAL PALM BLVD., SUITE 1  
City-State-Zip: WESTON FL 33326

Title            MGRM  
Name            BLANCO, R. JOSEFINA  
Address        17100 ROYAL PALM BLVD., SUITE 1  
City-State-Zip: WESTON FL 33326

*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:** RICK A. HARRIS

**MANAGING MEMBER**

**01/09/2013**

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

\_\_\_\_\_  
Date