

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000096425

**FILED**  
**Mar 25, 2014**  
**Secretary of State**  
**CC8273236441**

**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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICK HARRIS

**MGF**

**03/25/2014**

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

\_\_\_\_\_  
Date