

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000001366

Entity Name: NEUROINTERNATIONAL HEALTHCARE, LLC

Current Principal Place of Business:

4004 FRUITVILLE ROAD
SARASOTA, FL 34232

Current Mailing Address:

P.O. BOX 51266
SARASOTA, FL 34232 US

FEI Number: 46-4875017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RINER, NOAH
4004 FRUITVILLE ROAD
SARASOTA, FL 34232 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	MGR	Title	MEM
Name	NOAH RINER	Name	IRONCLAD CAPITAL LLC
Address	4004 FRUITVILLE ROAD	Address	4004 FRUITVILLE ROAD
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232

Title CONTROLLER
Name SMITH, MICHAEL K
Address PO BOX 51266
City-State-Zip: SARASOTA FL 34232

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: MICHAEL K SMITH

CONTROLLER

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date