2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000985

Entity Name: NEUROLOGICAL MANAGEMENT, LTD.

FILED Apr 27, 2011 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|-----------------------------------------------|-------------------------------------------|--------------------------------|------------------------------------|-------------------------------------------|--|
| C/O MELVII | ERIDAN STRE N GROSSMAN OD, FL 33021 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| C/O MELVII | ERIDAN STRE N GROSSMAN OD, FL 33021 | | | | |
| FEI Number: | 20-0078064 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| | | ., SUITE 485 SOUTH US | | | |
| The above in the State | | bmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both | |
| SIGNATUR | :E: | | | | |
| | Electronic | Signature of Registered Age | ent | Date | |
| GENERAL | PARTNER INI | FORMATION: | ADDRESS CHANGES | ONLY: | |
| Document #: Name: | GROSSMAN, ME | LVIN M | | | |

4700-U SHERIDAN STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MELVIN GROSSMAN DR 04/27/2011