

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90106 024 \*\*\*\*50.00

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<b>DOCUMENT # L01000017295</b> 1. Entity Name CENTER FOR NEUROSCIENCE, PL					
Principal Place of Business 16244 S. MILITARY TRAIL SUITE 650 BOCA RATON, FL 33484			Mailing Address PO BOX 880414 BOCA RATON, FL 33488		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DeLRAY Beach FL</b>		City & State		4. FEI Number <b>65-1142797</b>	
Zip <b>33484</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIDDIQUI, M. FARHAN M.D. 16244 S. MILITARY TR. SUITE 650 DELRAY BEACH, FL 33484			Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIDDIQUI, M. FARHAN PO BOX 880414 BOCA RATON, FL 33488		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	