

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017295

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** CENTER FOR NEUROSCIENCE, PL

**Current Principal Place of Business:**

16244 S. MILITARY TRAIL  
SUITE 150  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

16244 S. MILITARY TRAIL  
SUITE 150  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 65-1142797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIDDIQUI, SAMUEL FARHAN M.D.  
16244 S. MILITARY TR.  
SUITE 150  
DELRAY BEACH, FL 33484 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIDDIQUI, SAMUEL FARHAN  
Address: 16244 S MILITARY TRAIL, STE 150  
City-St-Zip: DELRAY BEACH, FL 33484

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 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.

SIGNATURE: SAMUEL SIDDIQUI

MGR

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date