


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000028928</b> 1. Entity Name NEUROTECH HOLDING COMPANY, LLC	
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Principal Place of Business 930 KINGSLEY AVENUE ORANGE PARK, FL 32073	Mailing Address 930 KINGSLEY AVENUE ORANGE PARK, FL 32073
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<b>DO NOT WRITE IN THIS SPACE</b>
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08112008No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1686182	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LASKEY, CHARLES W DVM. 930 KINGSLEY AVENUE ORANGE PARK, FL 32073
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASKEY, CHARLES W DVM 930 KINGSLEY AVENUE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDIN, THOMAS F D.O. 930 KINGSLEY AVENUE ORANGE PARK, FL 32073
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<p>U00000574555 08/17/06-80002-020 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** C. Laskey 8/15/06 904-269-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #