


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90071 023 \*\*\*\*50.00

**DOCUMENT # L03000007484**

1. Entity Name  
**NEUROSCIENCE CONSULTANTS, LLC**



Principal Place of Business  
**201 SOUTH BISCAYNE BLVD., STE. 3000 MIAMI, FL 33131**

Mailing Address  
**201 SOUTH BISCAYNE BLVD., STE. 3000 MIAMI, FL 33131**



2. Principal Place of Business  
**3625 NW 82 Avenue**

3. Mailing Address  
**3625 NW 82 Avenue**

Suite, Apt. #, etc.  
**107**

04282004 Chg-LLC CR2E083 (10/03)

City & State  
**Miami, Florida 33166**

City & State  
**Miami, Florida**

4. FEI Number  
**542107535**

Applied For  
 Not Applicable

Zip Country  
**33166**

Zip Country  
**33166**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES, INC.  
 201 SOUTH BISCAYNE BLVD., STE. 3000  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERSKOWITZ, ALLAN MD 201 SOUTH BISCAYNE BLVD., STE. 3000 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Dr. Timothy Grant 201 S. Biscayne Blvd., Suite 3000 Miami, Florida 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Dr. Victor Faradji Same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Dr. Bruce Kohrman Same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Dr. Bernard Grant Same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Dr. John Albornoz Same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Dr. Pedro Cardich Same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I hereby certify that the information supplied in 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.

**SIGNATURE:** \_\_\_\_\_ **4-28-04** **305 6656501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

~~24060078~~

# LD 3000007484

Continuation of 10.

Title: MM Barredo X Addition  
Name: Dr. Victor ~~Barredo~~  
Street  
Address: 201 S. Biscayne Blvd.  
Suite 3000  
Miami, Florida 33131

Title: Mgr, COO X Addition  
Name Lanny E Paulox  
3625 NW 82 Avenue  
suite 107  
Miami, FL 33166