

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007484

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: NEUROSCIENCE CONSULTANTS, LLC

**Current Principal Place of Business:**

3625 NW 82ND AVE., #107  
MIAMI, FL 33166

**New Principal Place of Business:**

9960 NW 116 WAY  
SUITE 13  
MIAMI, FL 33178

**Current Mailing Address:**

3625 NW 82ND AVE., #107  
MIAMI, FL 33166

**New Mailing Address:**

PO BOX 160010  
HIALEAH, FL 33016

FEI Number: 54-2107535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

B & C CORPORATE SERVICES, INC.  
201 SOUTH BISCAYNE BLVD., STE. 3000  
MIAMI, FL 33131 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GRANT, DR. TIMOTHY  
Address: 201 SOUTH BISCAYNE BLVD., STE. 3000  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: KOHRMAN, DR. BRUCE  
Address: 201 S. BISCAYNE BLVD., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: FARADJI, DR. VICTOR  
Address: 201 S. BISCAYNE BLVD., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: GRAN, DR. BERNARD  
Address: 201 S. BISCAYNE BLVD., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: ALBORNOZ, DR. JOHN  
Address: 201 S. BISCAYNE BLVD., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: CARDICH, DR. PEDRO  
Address: 201 S. BISCAYNE BLVD., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LANNY PAULEY

MGR

02/22/2005

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