

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007484

FILED
Apr 29, 2009
Secretary of State

Entity Name: NEUROSCIENCE CONSULTANTS, LLC

Current Principal Place of Business:

9960 NW 116 WAY
SUITE 13
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

PO BOX 160010
HIALEAH, FL 33016

New Mailing Address:

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.
ONE BISCAYNE TOWER, 21ST FL
2 SOUTH BISCAYNE BLVD
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/MANAGERS:

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: MGR () Delete
Name: PAULEY, LANNY
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
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Address:
City-St-Zip:

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

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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

04/29/2009

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