

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007484

FILED  
May 01, 2010  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER, 21ST FL  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131 US

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

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

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

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

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

Title: MGR  
Name: PAULEY, LANNY  
Address: 201 S. BISCAYNE BLVD., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

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: LANNY PAULEY

MGR

05/01/2010

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