

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017424

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** NEUROMD, PL

**Current Principal Place of Business:**

PO BOX 880414  
BOCA RATON, FL 33488

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880414  
BOCA RATON, FL 33488

**New Mailing Address:**

**FEI Number:** 20-0044005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIDDIQUI, M. FARHAN  
22287 MARTELLA AVE.  
BOCA RATON, FL 33433 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: MGR ( ) Delete  
Name: SIDDIQUI, M. FARHAN  
Address: PO BOX 880414  
City-St-Zip: BOCA RATON, FL 33488

**ADDITIONS/CHANGES:**

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 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:** M. FARHAN SIDDIQUI

DR

01/10/2006

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