

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017424

Entity Name: NEUROMD, PL

**FILED**  
**Apr 03, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 880414  
BOCA RATON, FL 33488

**New Principal Place of Business:**

16244 S. MILITARY TRAIL  
STE 150  
DELRAY BEACH, FL 33484

**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:**

SIDDIQUI, M. FARHAN  
16244 S. MILITARY TRAIL  
STE 150  
DELRAY BEACH, FL 33484 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: M FARHAN SIDDIQUI

04/03/2007

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

MD

04/03/2007

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