2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

04-26-2004 90060 026 ****55.00

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04192004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
NEUROFEEDBACK ENHANCEMENT AND TRAINING NETWORK, MIAMI-DADE, LLC.

Principal Place of Business	Mailing Address
10305 N.W. 41ST STREET, SUITE 205 MIAMI, FL 33178	10305 N.W. 41ST STREET, SUITE 205 MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
10305 NW 41 St (Doral Blvd)	
Suite, Apt. #, etc.: Suite 205	Suite, Apt. #, etc.
City & State: DORAL, FL	City & State
Zip: 33178 Country: USA	Zip Country

4. FEI Number 04-3761983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROURA, SAMUEL E 10305 N.W. 41ST STREET, E205 MIAMI, FL 33178	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C.E.O. SAMUEL E. ROURA 10780 SW 139 Street MIAMI FL 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ERIC Y. REZNIK 1087 Scarlet Oak St Hollywood FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] Samuel E. Roura 4/20/04 305 7189800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #