

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90043 012 \*\*\*\*50.00

<b>DOCUMENT # L04000068630</b> 1. Entity Name <b>NEUROCONSULTING, L.L.C.</b>					
Principal Place of Business 2417 N.W. 49TH LANE BOCA RATON, FL 33431			Mailing Address 2417 N.W. 49TH LANE BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address <b>201 S. Biscayne Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite #2000</b>			
City & State		City & State <b>Miami, Florida</b>			
Zip	Country	Zip <b>33131</b>	Country <b>usa</b>	06222005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>20-3139509</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
SANDRA GREENBLATT, P.A. 2 SOUTH BISCAYNE BLVD. SUITE 3500 MIAMI, FL 33131				7. Name and Address of New Registered Agent	
Name <b>William J. Spratt, Jr., Esq.</b>				Street Address (P.O. Box Number is Not Acceptable) <b>201 S. Biscayne Blvd., #2000</b>	
City <b>Miami</b>				Zip Code <b>FL 33131</b>	
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					
Signature, typed, and printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>manager</b> <b>A. Lynn Zucker</b> <b>2417 NW 49th Lane</b> <b>Boca Raton, FL 33431</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 508, Florida Statutes.					
SIGNATURE:				7-11-05    561-994-5296	
SIGNATURE AND TYPED OR PRINTED NAME OF GOING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT  
360 10720

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 27, 2005

NEUROCONSULTING, L.L.C.  
201 S BISCAYNE BLVD  
SUITE #2000  
MIAMI, FL 33131

Subject: **NEUROCONSULTING, L.L.C.**

Reference Number: **L04000068630**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION