

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068630

Entity Name: NEUROCONSULTING, L.L.C.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

2417 N.W. 49TH LANE  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

201 S BISCAYNE BLVD  
SUITE # 2000  
MIAMI, FL 33131

## New Mailing Address:

200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131

FEI Number: 20-3139509      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:

SPRATT, JR, WILLIAM J JR  
200 SOUTH BISCAYNE BLVD., 20TH FLOOR  
MIAMI, FL 331312399 US

## Name and Address of New Registered Agent:

SPRATT, WILLIAM J JR.  
200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
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: WILLIAM J. SPRATT, JR.

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ZUCKER, A. LYNN  
Address: 2417 NW 49TH LANE  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ZUCKER, LYNN A  
Address: 2417 N.W. 49TH LANE  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify 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: LYNN A. ZUCKER

MGR

05/01/2008

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