

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000061691

FILED  
Dec 11, 2006  
Secretary of State

Entity Name: SANDLAKE NEUROSCIENCE INSTITUTE LLC

## Current Principal Place of Business:

7557 W. SANDLAKE RD  
ORLANDO, FL 32836

## New Principal Place of Business:

7557 W. SANDLAKE RD  
PMB 102  
ORLANDO, FL 32819

## Current Mailing Address:

7557 W. SANDLAKE RD  
ORLANDO, FL 32836

## New Mailing Address:

7557 W. SANDLAKE RD  
PMB 102  
ORLANDO, FL 32819

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
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:

RAZACK-MALIK, NASREEN  
8427 DIAMOND COVE CIRCLE  
ORLANDO, FL 32836 US

## Name and Address of New Registered Agent:

RAZACK-MALIK, NASREEN  
7557 W. SANDLAKE RD  
ORLANDO, FL 32819 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: NASREEN RAZACK-MALIK

12/11/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RAZACK-MALIK, NASREEN  
Address: 8427 DIAMOND COVE CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: MGRM ( ) Delete  
Name: MALIK, KHIZAR  
Address: 7557 W. SANDLAKE RD  
City-St-Zip: ORLANDO, FL 32836

Title: MGRM ( ) Delete  
Name: RAZACK, NIZAM  
Address: 7557 W. SANDLAKE RD  
City-St-Zip: ORLANDO, FL 32836

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RAZACK-MALIK, NASREEN  
Address: 7557 W. SANDLAKE RD  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition  
Name: MALIK, KHIZAR  
Address: 7557 W. SANDLAKE RD  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition  
Name: RAZACK, NIZAM  
Address: 7557 W. SANDLAKE RD  
City-St-Zip: ORLANDO, FL 32819

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: NASREEN RAZACK-MALIK

MD

12/11/2006

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