

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098596

FILED
Feb 17, 2010
Secretary of State

Entity Name: NEUROTHERAPY CENTER, LLC

Current Principal Place of Business:

STE 712 MEDICAL OFFICE BUILDING
2780 CLEVELAND AVE
FT. MYERS, FL 33901

New Principal Place of Business:

2780 CLEVELAND AVE., MOC
SUITE 712
FT. MYERS, FL 33901

Current Mailing Address:

1920 VIRGINIA AVE
#401
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 20-3621424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONNETTE, MARY L PRESIDE
1920 VIRGINIA AVENUE
401
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BONNETTE, MARY L PHD, RN
Address: 1920 VIRGINIA AVENUE #401
City-St-Zip: FT. MYERS, FL 33901

I hereby 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: MARY L. BONNETTE

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02/17/2010

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