2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114588

Current Principal Place of Business:

Entity Name: THE NEUROHEALTH SCIENCES CENTER, LLC

Apr 01, 2009 Secretary of State

ONE PARK PLAZA - LEGAL DEPT NASHVILLE, TN 37203 **Current Mailing Address: New Mailing Address:** ONE PARK PLAZA - LEGAL DEPT NASHVILLE, TN 37203 FEI Number: 76-0808227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: (X) Change () Addition

() Delete

HANKINS, ROBERT SAMUEL JR. Name:

Address: ONE PARK PLAZA City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR () Delete Name: JOHNSON, R. MILTON

Address: ONE PARK PLAZA City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR () Delete MOORE, A. BRUCE JR

Name: Address: ONE PARK PLAZA City-St-Zip: NASHVILLE, TN 37203 US

RUTHERFORD, WILLIAM B Name: Address: ONE PARK PLAZA

New Principal Place of Business:

City-St-Zip: NASHVILLE, TN 37203 US

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

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: A. BRUCE MOORE, JR.

04/01/2009