

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000007989

1. Entity Name
NEUROSCIENCE PRACTICE INSTITUTE, PLLC



Principal Place of Business
9510 BONITA BEACH ROAD
SUITE 102
BONITA SPRINGS, FL 34135

Mailing Address
9510 BONITA BEACH ROAD
SUITE 102
BONITA SPRINGS, FL 34135



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4163130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLINO, GEOFF
9510 BONITA BEACH RD
SUITE 102
BONITA SPRINGS, FL 34135

**DO NOT WRITE
IN THIS SPACE**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COLINO, GEOFF
9510 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000950233
06/03/08-80061-024 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/08

239-333-3900