2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L06000007989

Entity Name: NEUROSCIENCE PRACTICE INSTITUTE, PLLC

Current Principal Place of Business:

9510 BONITA BEACH ROAD
SUITE 102
BONITA SPRINGS, FL 34135

New Principal Place of Business:

11181 HEALTH PARK BLVD
SUITE 2240
NAPLES, FL 34110

Current Mailing Address:

9510 BONITA BEACH ROAD
SUITE 102
BONITA SPRINGS, FL 34135

New Mailing Address:

11181 HEALTH PARK BLVD
SUITE 2240
NAPLES, FL 34109

FEI Number: 20-4163130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COLINO, GEOFF
11181 HEALTH PARK BLVD
SUITE 2240
NAPLES, FL 34110 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: GEOFFREY W COLINO 01/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COLINO, GEOFF
Address: 9510 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COLINO, GEOFF
Address: 11181 HEALTH PARK BLVD SUITE 2240
City-St-Zip: NAPLES, FL 34110

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: GEOFFREY W COLINO MGR 01/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date