

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007989

FILED
Mar 03, 2011
Secretary of State

Entity Name: NEUROSCIENCE PRACTICE INSTITUTE, PLLC

Current Principal Place of Business:

11181 HEALTH PARK BLVD
SUITE 2240
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

11181 HEALTH PARK BLVD
SUITE 2240
NAPLES, FL 34109

New Mailing Address:

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
11181 HEALTH PARK BLVD
SUITE 2240
NAPLES, FL 34110 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: MGR
Name: COLINO, GEOFF
Address: 11181 HEALTH PARK BLVD SUITE 2240
City-St-Zip: NAPLES, FL 34110

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: GEOFF COLINO

MGR

03/03/2011

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