

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007989

**FILED**  
**Aug 27, 2012**  
**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:**

1212 MICHIGAN AVENUE  
NAPLES, FL 34103 UN

**Current Mailing Address:**

11181 HEALTH PARK BLVD  
SUITE 2240  
NAPLES, FL 34109

**New Mailing Address:**

1212 MICHIGAN AVENUE  
NAPLES, FL 34103 UN

**FEI Number:** 20-4163130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

COLINO, GEOFFREY W MD  
1212 MICHIGAN AVENUE  
NAPLES, FL 34103 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 COLINO

08/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** COLINO, GEOFFREY W MD  
**Address:** 1212 MICHIGAN AVENUE  
**City-St-Zip:** NAPLES, FL 34103 UN

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:** GEOFFREY COLINO

MGRM

08/27/2012

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