2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# L06000072978

Entity Name: BROWARD INSTITUTE OF NEURO SCIENCE, L.L.C.

Current Principal Place of Business:

7501 WILES ROAD
105
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

7501 WILES ROAD
105
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 20-5282448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH K. NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319 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: MGRM ( ) Delete
Name: ESPAILLAT, RICARDO
Address: 5812 NW 54TH CIR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM ( ) Delete
Name: ESPAILLAT, GUSTAVO
Address: 5812 NW 54TH CIR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM ( ) Delete
Name: ESPAILLAT, JOHANNA
Address: 5812 NW 54TH CIR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM ( ) Delete
Name: ESPAILLAT, PAOLA
Address: 5812 NW 54TH CIR
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RICARDO K ESPAILLAT MGRM 09/03/2008

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