

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000072978

FILED
Jun 13, 2011
Secretary of State

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 ()

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: RICARDO ESPAILLAT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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: RICARDO ESPAILLAT

MGRM

06/13/2011

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