

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90020 042 ***138.75

DOCUMENT # L06000080012

1. Entity Name

NEUROCONSULTANTS, LLC



Principal Place of Business

3911 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

Mailing Address

3911 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

2. Principal Place of Business - No P.O. Box #

3800 JOHNSON ST

Suite, Apt. #, etc.

E

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

3. Mailing Address

3800 JOHNSON ST

Suite, Apt. #, etc.

E

City & State

HOLLYWOOD FL

Zip

33021

Country

USA



1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCHE, JUBRAN A
3911 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME INDIGO ATLANTIC, LLC
STREET ADDRESS 3911 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
NAME 3800 JOHNSON ST STE E
STREET ADDRESS HOLLYWOOD FL 33021
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JUBRAN A HOCHE

4/14/08

954-983-5631

Date

Daytime Phone #