

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092093

Entity Name: NEURO ON-CALL, LLC

FILED  
Mar 31, 2009  
Secretary of State

**Current Principal Place of Business:**

6245 NORTH FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

6245 NORTH FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 01-0876345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARKINS, CHRISTOPHER  
6245 N FEDERAL HIGHWAY  
SUITE 300  
FT LAUDERDALE, FL 33308 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: UNIVERSAL MEDICAL CO, NCEPTS, INC.  
Address: 6245 NORTH FEDERAL HIGHWAY #300  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: UNIVERSAL MEDICAL CO, NCEPTS, INC.  
Address: 6245 NORTH FEDERAL HIGHWAY #300  
City-St-Zip: FORT LAUDERDALE, FL US

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: UNIVERSAL MEDICAL CONCEPTS

MGR

03/31/2009

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