## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000062796

Entity Name: FLORIDA NEUROSCIENCE, L.L.C.

**FILED** Mar 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

680 GRAND CONCOURSE 1930 NE 47TH STREET MIAMI SHORES, FL 33138

201

FORT LAUDERDALE, FL 33308

**Current Mailing Address: New Mailing Address:** 

680 GRAND CONCOURSE MIAMI SHORES, FL 33138

FEI Number: 01-0901501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

EDUARDO R. LOCATELLI M.D., P.A. 680 GRAND CONCOURSE MIAMI SHORES, FL 33138

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: ADDITIONS/CHANGES:

() Delete Title: () Change () Addition

EDUARDO R. LOCATELLI, , M.D., P.A. Name: Name: Address: 680 GRAND CONCOURSE Address: City-St-Zip: MIAMI SHORES, FL 33138 City-St-Zip:

Title: MGRM ( ) Delete Title: () Change () Addition

Name: GABRIELA CORA-LOCATE, LLI, M.D., P.A. Name: Address: 680 GRAND CONCOURSE Address: City-St-Zip: MIAMI SHORES, FL 33138 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: GABRIELA CORA **MGRM** 03/25/2008