2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062796

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

FILED Apr 15, 2009 Secretary of State

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

1930 NE 47TH STREET 4725 N FEDERAL HIGHWAY

201 504

FORT LAUDERDALE, FL 33308 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 US

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:

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

 Name:
 EDUARDO R. LOCATELLI, M.D., P.A.
 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-LOCATELLI, 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: ERLOCATELLI MGRM 04/15/2009