

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099469

Entity Name: NEUROSOLUTIONS LLC

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

2627 MAITLAND CROSSING WAY
UNIT 8-101
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 948601
MAITLAND, FL 32794

New Mailing Address:

PO BOX 941735
MAITLAND, FL 32794

FEI Number: 26-1167020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, BRAD P
2627 MAITLAND CROSSING WAY
UNIT 8-101
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

FOWLER, BRAD D
2627 MAITLAND CROSSING WAY
UNIT 8-101
ORLANDO, FL 32810 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: BRAD D FOWLER

01/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOWLER, BRAD P
Address: PO BOX 948601
City-St-Zip: MAITLAND, FL 32794 US

Title: MGR () Delete
Name: MURPHY, M K
Address: PO BOX 948601
City-St-Zip: MAITLAND, FL 32794 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOWLER, BRAD D
Address: PO BOX 941735
City-St-Zip: MAITLAND, FL 32794 US

Title: MGR (X) Change () Addition
Name: MURPHY, M K
Address: PO BOX 941735
City-St-Zip: MAITLAND, FL 32794 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: BRAD D FOWLER

MGR

01/16/2008

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