FILED May 21, 2008 8:00 am Secretary of State 05-01-2008 90031 019 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000112193 1. Entity Name NEURO PHYSIOLOGICAL ASSESSMENT SERVICES, LLC										
Principal Place of Busine 3375-G CAPITAL CIRCLI TALLAHASSEE, FL 323	Mailing Address 3375-G CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308				30006833					
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.	Suite, Apt. #, etc.				04302008	Chg-LLC	CR2E083 (12/	06)		
City & State	City & State				4. FEI Numb 26-13	14859		Applied For Not Applicable		
Zip	Country	Zip				Ĺ <u> </u>	e of Status Desired d Address of Naw Reg	Fee Rec	Additional juired	
6. Name and Address of Current Registered Agent					Name					
THOMSON, W. FREDERICK 3375-G CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308				Street A	Address (P.O. Box Number is Not Acceptable)					
				City	y FL Zip Code					
The above named en the obligations of regi	tity submits this statement for	the purpose of changing its	register	ed office o	r register	ed agent, or b	oth, in the State of Florid	la. I am familiar	with, and accept	
SIGNATURE	eran agent.	_ ,								
Signature, typ	ed or grinled name of registered agent an	d tele il applicable. (NOTI	E: Registere	d Ageni signal	ure required	when (questions)		DATE		
	FEEJS \$138,75 Fee will be \$538,75	į						heck payable epartment of S		
9.	MANAGING MEMBER	S/MANAGERS	10.			, ,	ADDITIONS/CI			
TITLE NAME		C Delete	TITLE		1 /		MGRM	☐ Cha	nge (2 Addition	
STREET ADDRESS GITY-SI-ZIP			STRE	ET ADDRESS - ST-ZIP	1528	Killoa Ah <u>A</u> 5ce	en Tu gra	08 		
TITLE	☐ Delete I/II				300	WE 43/1	TICS PERIL	tha	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E Et adoress -st-zip	337	5 B CA	pital Circle.	NE 308		
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TITLE		☐ Delete	ımı		<i>J</i> 1.22 <i>J</i>	The party of	1.5/2	☐ Cha	nge 🔲 Addition	
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NAME			NAM)					
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NAME STREET ADDRESS			NAM STRI	EET ADORESS	ŀ					
CITY-SI-ZIP				-S1-ZIP	_					
11. I hereby certify that indicated on this regularity complete the complete that is a second co	the information supplied with cort is true and accurate and to any or the receiver or trustee	hat my signature shall have empowered to execute this	the exe the sam report a:	imptions co a legal effe s required	ontained oct as if n by Chap	in Chapter 119 nade under oa ter 608, Florida	3, Florida Statutes. I furth th; that I am a managing a Statutes.	ner certify that the g member or ma	information nager of the	
SIGNATURE:	Fred Thoms	an sor					4/30/2008	(850) \$	85-7944	