2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L07000112193

Entity Name: NEURO PHYSIOLOGICAL ASSESSMENT SERVICES, LLC

Current Principal Place of Business:

3375-G CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3375-G CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-1374859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMSON, W. FREDERICK
3375-G CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32308 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: P ( ) Delete
Name: EMBOF, LESLIE
Address: 1525 KILLEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: THOMSON, FRED
Address: 3375 CAPITAL CIR NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete
Name: SMALL, DOUGLAS
Address: 2445 WINDINGBROOK DR
City-St-Zip: KANNAPOLIS, NC 28083

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: W. FREDERICK THOMSON S 01/16/2009

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