

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112193

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**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:**

1417 KEMPTON CHASE PARKWAY  
ORLANDO, FL 32837

**Current Mailing Address:**

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

**New Mailing Address:**

1417 KEMPTON CHASE PARKWAY  
ORLANDO, FL 32837

**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:**

EMMANUELI, MILDRED  
1417 KEMPTON CHASE PARKWAY  
ORLANDO, FL 32837 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: MILDRED EMANUELI

03/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ESTEVEZ, ANDRE  
Address: 7323 SW PLACE  
City-St-Zip: MIAMI, FL 33183

Title: S  
Name: EMANUELI, MILDRED  
Address: 1417 KEMPTON CHASE PARKWAY  
City-St-Zip: ORLANDO, FL 32837

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

I hereby 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: P. DOUGLAS SMALL, CHAIRMAN AND VP

CH

03/10/2010

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