2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# L07000112193

Entity Name: NEURO PHYSIOLOGICAL ASSESSMENT SERVICES, LLC

Current Principal Place of Business:

1417 KEMPTON CHASE PARKWAY
ORLANDO, FL 32837

New Principal Place of Business:

4302 WEST BROWARD BLVD.
SUITE 800
PLANTATION, FL 33317

Current Mailing Address:

1417 KEMPTON CHASE PARKWAY
ORLANDO, FL 32837

New Mailing Address:

4302 WEST BROWARD BLVD.
SUITE 800
PLANTATION, FL 33317

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

Name and Address of Current Registered Agent:

EMMANUELI, MILDRED
1417 KEMPTON CHASE PARKWAY
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

ROSS, DAVID B MD
4302 WEST BROWARD BLVD
SUITE 800
PLANTATION, FL 33317 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: DAVID B. ROSS MD 03/15/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: ROSS, DAVID B MD
Address: 4302 WEST BROWARD BLVD., SUITE 800
City-St-Zip: PLANTATION, FL 33317

Title: SEC
Name: LESLIE, EMHOF S MD
Address: 3375-G CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

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 Statues.

SIGNATURE: DAVID B. ROSS MD MGRM 03/15/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date