

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062914

**FILED**  
**Feb 07, 2009**  
**Secretary of State**

**Entity Name:** BROWARD NEUROPHYSIOLOGIC TESTING CENTERS LLC

**Current Principal Place of Business:**

520 N.W. 165 STREET, STE 107  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

520 N.W. 165 STREET  
#107  
NORTH MIAMI BEACH, FL 33169 US

**Current Mailing Address:**

520 N.W. 165 STREET, STE 107  
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

520 N.W. 165 STREET  
#107  
NORTH MIAMI BEACH, FL 33169 US

**FEI Number:** 26-4042386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WIGGINS, ROBERT E  
13799 PARK BOULEVARD N. #254  
SEMINOLE, FL 337763402 US

**Name and Address of New Registered Agent:**

WIGGINS, ROBERT E  
13799 PARK BOULEVARD N.  
#254  
SEMINOLE, FL 337763402 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:**

02/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** COLON, WILLIAM R  
**Address:** 520 N.W. 165 STREET, STE 107  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33169

**ADDITIONS/CHANGES:**

**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:** WILLIAM R. COLON

MGRM

02/07/2009

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