

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104635

Entity Name: CEREBRAL HEALTH LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

555 HERITAGE DR.  
LAB SUITE 160  
JUPITER, FL 33458

**New Principal Place of Business:**

1320 SE FEDERAL HIGHWAY  
SUITE 211  
STUART, FL 34994

**Current Mailing Address:**

555 HERITAGE DR.  
LAB SUITE 160  
JUPITER, FL 33458

**New Mailing Address:**

1320 SE FEDERAL HIGHWAY  
SUITE 211  
STUART, FL 34994

FEI Number: 27-1496775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHILLIPS, DOUGLAS J II  
421 N. CYPRESS DRIVE #13  
TEQUESTA, FL 33469 US

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

PHILLIPS, DOUGLAS J II  
3761 SE LOWER STREET  
STUART, FL 34997 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: DOUGLAS J. PHILLIPS II

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PROF  
Name: PHILLIPS, DOUGLAS J II  
Address: 3761 SE LOWER STREET  
City-St-Zip: STUART, FL 34997

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: DOUGLAS J. PHILLIPS II

PROF

04/19/2012

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