

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109931

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** THE NEUROHEALTH CENTER, LLC

**Current Principal Place of Business:**

755 STIRLING CENTER PLACE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

755 STIRLING CENTER PLACE  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 26-3788808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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:** MGRM  
**Name:** RODAS, DR. RAUL A.  
**Address:** 755 STIRLING CENTER PLACE  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** MGRM  
**Name:** RODAS, DR. RAUL A.  
**Address:** 121 HAWKCREST CT  
**City-St-Zip:** DEBARY, FL 32713

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:** RAUL A RODAS

MGMR

01/06/2012

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