

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113810

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: INSTITUTE FOR NEURO-IMMUNE DISORDERS, LLC

## Current Principal Place of Business:

2800 ISLAND BLVD  
#1702  
AVENTURA, FL 33160 US

## New Principal Place of Business:

10700 SW 90TH AVENUE  
MIAMI, FL 33176 US

## Current Mailing Address:

10700 S.W. 90TH AVENUE  
MIAMI, FL 33176 US

## New Mailing Address:

10700 SW 90TH AVENUE  
MIAMI, FL 33176 US

FEI Number: 26-3894504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDRA GREENBLATT, PA  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3500  
MIAMI, FL 33131 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 ( ) Delete  
Name: KLIMAS, NANCY M.D.  
Address: 10700 S.W. 90TH AVENUE  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM ( ) Delete  
Name: DOUER, PAULA  
Address: 2800 ISLAND BOULEVARD, #1702  
City-St-Zip: AVENTURA, FL 33160 US

Title: MGRM (X) Delete  
Name: SEGAL, ZEEV  
Address: 19877 COUNTRY CLUB DRIVE, #404  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: OLANOFF, HANNAH  
Address: 4100 SALZEDO STREET #618  
City-St-Zip: CORAL GABLES, FL 33146 US

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: HANNAH OLANOFF

MGR

04/30/2009

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