

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115749

FILED
Apr 30, 2010
Secretary of State

Entity Name: OPTIMA NEUROLOGICAL SERVICES, LLC

Current Principal Place of Business:

5318 SW 91ST TERRACE
SUITE B
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5318 SW 91ST TERRACE
SUITE B
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 26-3835938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SACKELLARES, JAMES C
9841 SW 55TH ROAD
GAINESVILLE, FL 32608 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: MGR
Name: SACKELLARES, JAMES C
Address: 9841 SW 55TH ROAD
City-St-Zip: GAINESVILLE, FL 32608

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: J CHRIS SACKELLARES

MGR

04/30/2010

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