2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# L09000032480

Entity Name: NEURODYNAMIC THERAPIES, LLC

Current Principal Place of Business:

1617B NW 16TH AVE.
GAINESVILLE, FL 32605 US

New Principal Place of Business:

1614 NW 19TH CIR
GAINESVILLE, FL 32605 US

Current Mailing Address:

1617B NW 16TH AVE.
GAINESVILLE, FL 32605 US

New Mailing Address:

1614 NW 19TH CIR
GAINESVILLE, FL 32605 US

FEI Number: 27-1879764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORSE, G. B
1614 NW 19TH CIRCLE
GAINESVILLE, FL 32605 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: MORSE, G. B
Address: 1614 NW 19TH CIRCLE
City-St-Zip: GAINESVILLE, FL 32605 US

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 Statues.

SIGNATURE: G.B. MORSE MGR 05/04/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date