

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000056812

**Entity Name:** FLORIDA NEURO IOM, LLC

**FILED**  
**Oct 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

421 SW TWELFTH COURT  
FT LAUDERDALE, FL 33315

**New Principal Place of Business:**

421 SW 12TH COURT  
FT LAUDERDALE, FL 33315

**Current Mailing Address:**

421 SW TWELFTH COURT  
FT LAUDERDALE, FL 33315

**New Mailing Address:**

421 SW 12TH COURT  
FT LAUDERDALE, FL 33315

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

APPEL, ANDREW J  
421 SW TWELFTH COURT  
FT LAUDERDALE, FL 33315 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: ANDREW J APPEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: APPEL, ANDREW J  
Address: 421 SW 12TH COURT  
City-St-Zip: FT LAUDERDALE, FL 33315

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: ANDREW J APPEL

PRES

10/19/2010

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