

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 06, 2012
Secretary of State

Entity Name: MIAMI NEUROLOGICAL INSTITUTE AT AVENTURA LLC

Current Principal Place of Business:

4419 NORTH BAY ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4419 NORTH BAY ROAD
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 27-0266679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: FIGUERO, SANTIAGO M.D.
Address: 4419 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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: SANTIAGO FIGUERO, M.D.

MGR

01/06/2012

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