

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002267

FILED
Jan 06, 2012
Secretary of State

Entity Name: COMPREHENSIVE NEURO BEHAVIORAL INSTITUTE, PLLC

Current Principal Place of Business:

4302 W BROWARD BLVD
STE 800
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4302 W BROWARD BLVD
STE 800
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 27-1628716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADAMS, MAX A ESQ
THE MEDI-LAW FIRM
1400 NW 10TH AVE - PENTHOUSE III
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

ROSS, DAVID B MD
4302 WEST BROWARD BLVD.
SUITE 800
PLANTATION, FL 33317 US

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: DAVID B. ROSS MD

01/06/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: DAVID B. ROSS M.D., P.A.

Address: 4302 WEST BROWARD BLVD., SUITE 800

City-St-Zip: PLANTATION, FL 33317

Title: MGRM

Name: RUSS TANNENBAUM, D.C., P.A.

Address: 4302 W BROWARD BLVD - STE 800

City-St-Zip: PLANTATION, FL 33317

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: DAVID B. ROSS MD

MGRM

01/06/2012

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