

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088819

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED NEUROREGENERATIVE THERAPIES, LLC

**Current Principal Place of Business:**

10301 HAGEN RANCH ROAD  
SUITE 600  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

10301 HAGEN RANCH ROAD  
SUITE 600  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

**FEI Number:** 27-3314457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENNEDY, P. TODD  
1675 PALM BEACH LAKES BLVD  
SUITE 700  
WEST PALM BEACH, FL 33401 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: MGRM  
Name: MAHARAJ, DIPNARINE  
Address: 10301 HAGEN RANCH ROAD, STE 600  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM  
Name: GOUVEA, JACQUELINE  
Address: 10301 HAGEN RANCH ROAD, STE 600  
City-St-Zip: BOYNTON BEACH, FL 33437

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: JACQUELINE GOUVEA

DR.

04/13/2011

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