

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 24, 2011
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA NEURODIAGNOSTIC SERVICES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5318 SOUTHWEST 91ST TERRACE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5318 SOUTHWEST 91ST TERRACE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 27-3760233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HARPER, SR., ADRIAN F CEO
5318 SOUTHWEST 91ST TERRACE
GAINESVILLE, FL 32608 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: ADRIAN F. HARPER, SR.

07/24/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HARPER, SR., ADRIAN
Address: 5318 SOUTHWEST 91ST TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGR
Name: JEYAPRAKASH, AYYAMPERUMAL
Address: 5318 SOUTHWEST 91ST TERRACE
City-St-Zip: GAINESVILLE, FL 32608

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: ADRIAN F. HARPER, SR.

CEO

07/24/2011

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