

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107129

**FILED**  
**Apr 15, 2012**  
**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:**

13706 INNOVATION DR.  
SUITE 301  
ALACHUA, FL 32615

**Current Mailing Address:**

5318 SOUTHWEST 91ST TERRACE  
GAINESVILLE, FL 32608

**New Mailing Address:**

P.O. BOX 2459  
ALACHUA, FL 32616

**FEI Number:** 27-3760233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARPER, SR., ADRIAN F  
5318 SOUTHWEST 91ST TERRACE  
SUITE B  
GAINESVILLE, FL 32608 US

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

HARPER, SR., ADRIAN F  
13706 INNOVATION DR., SUITE 301  
SUITE 301  
ALACHUA, FL 32615 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.

04/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: HARPER, ADRIAN F SR  
Address: 13706 INNOVATION DR., SUITE 301  
City-St-Zip: ALACHUA, FL 32615

Title: SVP  
Name: JEYAPRAKASH, AYYAMPERUMAL  
Address: 13706 INNOVATION DR., SUITE 301  
City-St-Zip: ALACHUA, FL 32615

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

04/15/2012

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