

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128594

FILED
Apr 26, 2012
Secretary of State

Entity Name: JACKSONVILLE TRANSCRANIAL MAGNETIC STIMULATION CENTER, LLC

Current Principal Place of Business:

4190 BELFORT ROAD
SUITE 140
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4190 BELFORT ROAD
SUITE 140
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-4647268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, FRANK
5 RED SNAPPER LANE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

TORRELLAS, CARLOS M.D.
4190 BELFORT ROAD
SUITE 140
JACKSONVILLE, FL 32216 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: CARLOS TORRELLAS, M.D.

04/26/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TORRELLES, CARLOS MD
Address: 4190 BELFORT ROAD, SUITE 140
City-St-Zip: JACKSONVILLE, FL 32216

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: CARLOS TORRELLAS, M.D.

MGRM

04/26/2012

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