2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# L10000131732

Entity Name: NEURO HEALTH SERVICES, LLC

Current Principal Place of Business:

5317 FRUITVILLE RD.
SUITE 44
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5317 FRUITVILLE RD.
SUITE 44
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATERSON, HONOR
5317 FRUITVILLE RD.
SUITE 44
SARASOTA, FL 34232 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: PATERSON, HONOR
Address: 5317 FRUITVILLE RD. SUITE 44
City-St-Zip: SARASOTA, FL 34232 US

Title: MGRM
Name: PATERSON, WILLIAM
Address: 5317 FRUITVILLE RD. SUITE 44
City-St-Zip: SARASOTA, FL 34232 US

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 Statues.

SIGNATURE: HONOR PATERSON PRES 01/04/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date