2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# L11000019969

Entity Name: CENTER FOR NEUROPSYCHOLOGICAL ASSESSMENT SERVICES LLC

Current Principal Place of Business:

319 DESOTO STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

450 NORTH PARK ROAD
SUITE 502
HOLLYWOOD, FL 33021

Current Mailing Address:

319 DESOTO STREET
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 27-5055338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAFT, STUART J ESQ.
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 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: CRUM, THOMAS A
Address: 319 DESOTO STREET
City-St-Zip: HOLLYWOOD, FL 33019

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: THOMAS A. CRUM, PH.D., MGRM 02/07/2012

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