

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000029389

FILED
Dec 07, 2012
Secretary of State

Entity Name: CENTER FOR ADVANCED NEUROPSYCHOLOGY, LLC

Current Principal Place of Business:

7171 NORTH UNIVERSITY DRIVE
SUITE 300
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 26761
TAMARAC, FL 33320 US

New Mailing Address:

FEI Number: 27-5463093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOWALSKI, NORMA M
7171 NORTH UNIVERSITY DRIVE
SUITE 300
TAMARAC, FL 33321 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: NORMA M. KOWALSKI, PSY.D

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KOWALSKI, NORMA M
Address: 16361 CAMMI LANE
City-St-Zip: WESTON, FL 33326 US

Title: MGRM
Name: KOWALSKI, IAN J
Address: 16361 CAMMI LANE
City-St-Zip: WESTON, FL 33326 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 Statutes.

SIGNATURE: NORMA M. KOWALSKI, PSY.D

MGRM

12/07/2012

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