

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040108

Entity Name: NEUROCALL HOLDINGS, LLC

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 45-4842216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FRIEDMAN, ROSENWASSER & GOLDBAUM, P.A.  
5355 TOWN CENTER ROAD  
SUITE 801  
BOCA RATON, FL 33486 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: MGR  
Name: GARCIA-RIVERA, RICARDO  
Address: 4000 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR  
Name: CINTRON, JUSTIN H  
Address: 24 LANTERN WAY  
City-St-Zip: PORTSMOUTH, VA 23703 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: JUSTIN H CINTRON

MGR

03/21/2012

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