

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000068468

Entity Name: NEURO...LLC

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

17429 BRIDGE HILL COURT  
TAMPA, FL 33647

## **New Principal Place of Business:**

8875 HIDDEN RIVER PKWY  
SUITE 300  
TAMPA, FL 33637

## **Current Mailing Address:**

17429 BRIDGE HILL COURT  
TAMPA, FL 33647

## **New Mailing Address:**

17704 SHANNON OAKS CT.  
TAMPA, FL 33647

FEI Number: 45-2511868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEFF, HEIDI E  
8875 HIDDEN RIVER PARKWAY  
SUITE 300  
TAMPA, FL 33637 US

## **Name and Address of New Registered Agent:**

SHEFF, HEIDI E  
17704 SHANNON OAKS CT.  
TAMPA, FL 33647 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: HEIDI E SHEFF

04/29/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHEFF, HEIDI E  
Address: 8875 HIDDEN RIVER PARKWAY  
City-St-Zip: TAMPA, FL 33637 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: HEIDI E SHEFF

PRES

04/29/2012

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