

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115962

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** NEURO ENDOVASCULAR SERVICES AND TECHNOLOGY, LLC

**Current Principal Place of Business:**

1368 PLAYMOOR DR.  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

1368 PLAYMOOR DR.  
PALM HARBOR, FL 34683

**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:**

LOPEZ DEL VALLE, ADRIANA  
1368 PLAYMOOR DR.  
PALM HARBOR, FL 34683 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: LOPEZ DEL VALLE, ERIC  
Address: 1368 PLAYMOOR DR.  
City-St-Zip: PALM HARBOR, FL 34683

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: ERIC M. LOPEZ DEL VALLE

MGRM

01/04/2012

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