2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2012
Secretary of State

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Entity Name: NEUROSCIENCE PAIN CLINIC, LLC

Current Principal Place of Business:

9090 SW 87TH COURT STE 201
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

PO BOX 160010
HIALEAH, FL 33016

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:

NEUROSCIENCE CONSULTANTS, LLP
9960 NW 116 WAY STE 13
MEDLEY, FL 33178 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: NEUROSCIENCE CONSULTANTS, LLP
Address: PO BOX 160010
City-St-Zip: HIALEAH, FL 33016

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: NEUROSCIENCE CONSULTANTS, LLP MGRM 03/05/2012

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