

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134675

Entity Name: NSC MRI 1, LLC

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9090 SW 87TH CT  
STE 101  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 160010  
HIALEAH, FL 33016 US

**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: P O BOX 160010  
City-St-Zip: HIALEAH, FL 33016 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: NEUROSCIENCE CONSULTANTS, LLP

MGRM

03/05/2012

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