
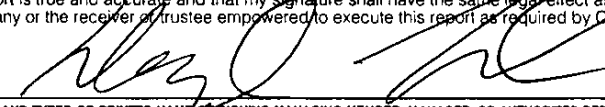


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90355 033 ****50.00

DOCUMENT # L99000005042 1. Entity Name FLORIDA NEUROSCIENCE INSTITUTE, L.L.C.					
Principal Place of Business 5130 LINTON BLVD. E-3 DELRAY BEACH, FL 33484			Mailing Address 201 S BISCAYNE BLVD # 2000 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPRATT, WILLIAM J JR 201 S BISCAYNE BLVD, # 2000 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between; margin-top: 5px;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUCKER, LLOYD M.D. 5130 LINTON BLVD. - STE.#E-3 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKER, LLOYD, M.D. 5130 LINTON BLVD., SUITE E-3 DELRAY BEACH, FLORIDA 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			Date 4/28/07 Daytime Phone # 561-994-5295		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

40100010



01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-0932362** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**