

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005042

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA NEUROSCIENCE INSTITUTE, L.L.C.

**Current Principal Place of Business:**

5130 LINTON BLVD.  
E-3  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 65-0932362      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SPRATT, WILLIAM J JR.  
200 SOUTH BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 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:** MGR  
**Name:** ZUCKER, LLOYD M.D.  
**Address:** 5130 LINTON BLVD. - STE.#E-3  
**City-St-Zip:** DELRAY BEACH, FL 33484

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: LLOYD ZUCKER, M.D.      MGR      04/30/2012

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