

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L99000005042

**FILED**  
**Sep 30, 2014**  
**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:**

21175 LA VISTA CIRCLE  
BOCA RATON, FL 33428

**Current Mailing Address:**

670 GLADES RD #100  
BOCA RATON, FL 33431 US

**New Mailing Address:**

21175 LA VISTA CIRCLE  
BOCA RATON, FL 33428

**FEI Number:** 65-0932362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIGHTMAN, HAROLD MBA  
2700 PGA BLVD SUITE 201B  
PALM BEACH GARDENS, FL 33410 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: HAROLD LIGHTMAN

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: ZUCKER, LLOYD M.D.  
Address: 21175 LA VISTA CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: LLOYD ZUCKER

PRES

09/30/2014

Electronic Signature of Authorized Person

Date