

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000001687

FILED
May 21, 2003
Secretary of State

Entity Name: NEUROHEALTH CENTER OF FLORIDA, L.L.C.

Current Principal Place of Business:

106 FOREST AVE.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

108 ROBIN RD
SUITE 2006B
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

106 FOREST AVE.
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

PO BOX 161235
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 03-0424282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGLE, SEAN F ESQ
706 TURNBULL AVE., STE. 203
ALTAMONTE SPRINGS, FL 32701 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/MEMBERS:

Title: MGR () Delete
Name: QUEVEDO, ADRIAN E
Address: 205 CHERRY HILL CIR.
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: WILLIAMSON, JACKIE L
Address: 11024 N. 28TH DR., STE. 200
City-St-Zip: PHOENIX, AZ 85029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: ADRIAN E. QUEVEDO

MGR

05/21/2003

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