

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001705

Entity Name: NEUROLIVE, LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3290 NORTHSIDE PARKWAY, SUITE 300  
ATLANTA, GA 30327

**New Principal Place of Business:**

**Current Mailing Address:**

3290 NORTHSIDE PARKWAY, SUITE 300  
ATLANTA, GA 30327

**New Mailing Address:**

FEI Number: 26-4412005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CRAFT, J. DOUGLAS  
Address: 3290 NORTHSIDE PARKWAY, SUITE 300  
City-St-Zip: ATLANTA, GA 30327

Title: MGR  
Name: GUY, JOHN W  
Address: 3290 NORTHSIDE PARKWAY, SUITE 300  
City-St-Zip: ATLANTA, GA 30327

Title: MGR  
Name: FLORES, RICHARD A  
Address: 1300 OAKRIDGE BOULEVARD, SUITE 130  
City-St-Zip: FORT COLLINS, CO 80525

Title: MGR  
Name: LOCKWOOD, BRUCE M.D.  
Address: 1300 OAKRIDGE BOULEVARD, SUITE 130  
City-St-Zip: FORT COLLINS, CO 80525

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: J. DOUGLAS CRAFT

MGR

01/05/2011

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