

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001705

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** NEUROLIVE, LLC

**Current Principal Place of Business:**

3290 NORTHSIDE PARKWAY, SUITE 300  
ATLANTA, GA 30327

**New Principal Place of Business:**

3284 NORTHSIDE PARKWAY, SUITE 600  
ATLANTA, GA 30327

**Current Mailing Address:**

3290 NORTHSIDE PARKWAY, SUITE 300  
ATLANTA, GA 30327

**New Mailing Address:**

3284 NORTHSIDE PARKWAY, SUITE 600  
ATLANTA, GA 30327

**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: 3284 NORTHSIDE PARKWAY, SUITE 600  
City-St-Zip: ATLANTA, GA 30327

Title: MGR  
Name: GUY, JOHN W  
Address: 3284 NORTHSIDE PARKWAY, SUITE 600  
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

02/02/2012

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