

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098596

Entity Name: NEUROTHERAPY CENTER, LLC

Current Principal Place of Business:

1920 VIRGINIA AVENUE
401
FT. MYERS, FL 33901

Current Mailing Address:

1920 VIRGINIA AVE
#401
FT MYERS, FL 33901

FEI Number: 20-3621424

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONNETTE, MARY LPRESIDE
1920 VIRGINIA AVENUE
401
FT. MYERS, FL 33901 US

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

Authorized Person(s) Detail :

Title CEO
Name BONNETTE, MARY L PHD
Address 1920 VIRGINIA AVENUE
#401
City-State-Zip: FT. MYERS FL 33901

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY L. BONNETTE

CEO

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date