

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000005666

Entity Name: COGNITIVE SERVICES CENTER, PLLC

Current Principal Place of Business:

8840 TERRENE COURT
SUITE 102
BONITA SPRINGS, FL 34135

Current Mailing Address:

10590 LANDAU LANE
BONITA SPRINGS, FL 34135

FEI Number: 26-4071171

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUCK, KIMBERLLY MPH.D.
10590 LANDAU LANE
BONITA SPRINGS, FL 34135 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 MGRM
Name BUCK, KIMBERLLY MPH.D.
Address 10590 LANDAU LANE
City-State-Zip: BONITA SPRINGS FL 34135

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: KIMBERLLY M. BUCK, PH.D.

MGMR

04/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date