

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002791

Entity Name: BETTER BRAIN CARE LLC

Current Principal Place of Business:

1618 MAHAN CENTER BLVD
SUITE 101
TALLAHASSEE, FL 32308

Current Mailing Address:

1618 MAHAN CENTER BLVD
SUITE 101
TALLAHASSEE, FL 32308

FEI Number: 26-0385049

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, BARRY L. LCSW
1618 MAHAN CENTER BLVD STE 101
TALLAHASSEE, FL 32308 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: BARRY L. JONES, LCSW

04/01/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name JONES, BARRY L. LCSW
Address 1618 MAHAN CENTER BLVD STE 101
City-State-Zip: TALLAHASSEE FL 32308

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARRY L. JONES, LCSW

PRESIDENT

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date