

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000142646

Entity Name: CORNERSTONE NEUROPSYCHOLOGY, LLC

Current Principal Place of Business:

1270 EGLIN PARKWAY, SUITE C-12
SHALIMAR, FL 32579

Current Mailing Address:

1270 EGLIN PARKWAY, SUITE C-12
SHALIMAR, FL 32579 US

FEI Number: 46-1428563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDONALD, RANDI N
1270 EGLIN PARKWAY, SUITE C-12
SHALIMAR, FL 32579 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 MCDONALD, RANDI N
Address 1270 EGLIN PARKWAY C-12
City-State-Zip: SHALIMAR FL 32579

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: RANDI N. MCDONALD

BUSINESS OWNER

01/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date