

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000063878

FILED
Jan 05, 2012
Secretary of State

Entity Name: NEUROLOGY AND SLEEP CENTER, PLLC

Current Principal Place of Business:

2900 17TH STREET
SUITE 3
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

2900 17TH STREET
SUITE 3
ST. CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 27-2853693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADANI, SHEADA ESQUIRE
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

MONDSHOUR, PATTY
1610 13TH STREET
ST CLOUD, FL 34769 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: PATTY MONDSHOUR

01/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: IRFAN, TARIQ B
Address: 2900 17TH STREET, SUITE 3
City-St-Zip: ST. CLOUD, FL 34769 US

Title: MGRM
Name: DEWAN, RAHUL
Address: 10000 W COLONIAL DR
City-St-Zip: OCOEE, FL 34761

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: IRFAN TARIQ

MGRM

01/05/2012

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