

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000056702

**Entity Name:** NEUROLOGY, P.A.

**Current Principal Place of Business:**

4161 TAMIAMI TRAIL  
SUITE 201  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

4161 TAMIAMI TRAIL  
SUITE 201  
PORT CHARLOTTE, FL 33952

**FEI Number:** 65-0933347

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LI, GEORGE M.D.  
4161 TAMIAMI TRAIL  
SUITE 201  
PORT CHARLOTTE, FL 33952 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

**Officer/Director Detail :**

Title            D  
Name            LI, GEORGE M.D.  
Address        4161 TAMIAMI TRAIL, SUITE 201  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            D  
Name            MONTOYA, LILIANA M.D.  
Address        4161 TAMIAMI TRAIL, SUITE 201  
City-State-Zip: PORT CHARLOTTE FL 33952

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LI, GEORGE

**PRESIDENT**

**03/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date