

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077233

Entity Name: CRESTVIEW NEUROLOGY, LLC

Current Principal Place of Business:

535 S FERDON BLVD
STE C
CRESTVIEW, FL 32536

Current Mailing Address:

535 S FERDON BLVD
STE C
CRESTVIEW, FL 32536 US

FEI Number: 58-2540259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAN, SHIJUN
535 S FERDON BLVD
SUITE C
CRESTVIEW, FL 32536 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 PAN, SHIJUN
Address 535 S FERDON BLVD, SUITE C
City-State-Zip: CRESTVIEW FL 32536

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: SHIJUN PAN

MANAGER

01/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date