

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063878

**Entity Name:** NEUROLOGY AND SLEEP CENTER, PLLC

**Current Principal Place of Business:**

1144 KELTON AVENUE  
OCOE, FL 34761

**Current Mailing Address:**

1144 KELTON AVENUE  
OCOE, FL 34761 US

**FEI Number:** 27-2853693

**Certificate of Status Desired:** No

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

MONDSHOUR, PATTY  
2610 14TH 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name IRFAN, TARIQ B  
Address 1144 KELTON AVENUE  
City-State-Zip: OCOEE FL 34761

Title MGRM  
Name DEWAN, RAHUL  
Address 1144 KELTON AVENUE  
City-State-Zip: OCOEE FL 34761

*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:** TARIQ IRFAN

**PRESIDENT**

**03/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date