

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000063878

Entity Name: NEUROLOGY AND SLEEP CENTER, LLC

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:

MONDSOUR, 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	Title	MGRM
Name	IRFAN, TARIQ B	Name	DEWAN, RAHUL
Address	1144 KELTON AVENUE	Address	1144 KELTON AVENUE
City-State-Zip:	OCOE FL 34761	City-State-Zip:	OCOE 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: RAHUL DEWAN

PRESIDENT

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date