

2016 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:

10000 W COLONIAL DRIVE
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 10000 W COLONIAL DRIVE
City-State-Zip: OCOEE FL 34761

Title MGRM
Name DEWAN, RAHUL
Address 10000 W COLONIAL DR
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

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date