

**2022 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:**

IRFAN, TARIQ  
1144 KELTON AVENUE  
OCOE, FL 34761 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:** TARIQ IRFAN

04/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name IRFAN, TARIQ  
Address 1144 KELTON AVENUE  
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:** TARIQ IRFAN

MGRM

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date