2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2015
Secretary of State
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Entity Name: CLINICAL NEURODIAGNOSTICS LLC

Current Principal Place of Business:

818 WHITEHEAD STREET
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 2259
GRIFFIN, GA 30223

FEI Number: 27-3705366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATEER , SHETH
818 WHITEHEAD STREET
KEY WEST, FL 33040 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: ATEER SHETH 03/04/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	S
Name	SHETH, ATEER	Name	SHETH, ATEER
Address	818 WHITEHEAD STREET	Address	818 WHITEHEAD STREET
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

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: ATEER SHETH CFO 03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date