

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000134098

Entity Name: SOUTH MIAMI NEUROLOGY, LLC

Current Principal Place of Business:

6200 SUNSET DRIVE, SUITE 305
SOUTH MIAMI, FL 33143

Current Mailing Address:

P.O. BOX 160010
HIALEAH, FL 33016

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEUROSCIENCE CONSULTANTS, LLP
9960 NW 116 WAY, SUITE 13
MEDLEY, FL 33178 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 NEUROSCIENCE CONSULTANTS, LLP
Address PO BOX 160010
City-State-Zip: HIALEAH FL 33016

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: LANNY PAULEY

COO

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date