

**2015 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, SUITE13  
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

04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date