

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000134971

Entity Name: AVENTURA NEUROLOGIC ASSOCIATES, LLC**Current Principal Place of Business:**21000 NE 28TH AVE, STE. 205
AVENTURA, FL 33180**Current Mailing Address:**9960 NW 116 WAY
STE 7
MEDLEY, FL 33178 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERFORMANCE MEDICAL MANAGEMENT, LLC
9960 NW 116 WAY
STE 7
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:** LANNY PAULEY

04/27/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NEUROSCIENCE CONSULTANTS, LLP
Address 9960 NW 116 WAY
STE 7
City-State-Zip: MEDLEY FL 33178

Title MGR
Name PAULEY, LANNY
Address 9960 NW 116 WAY
STE 7
City-State-Zip: MEDLEY FL 33178

Title MGR
Name GRAN, BERNARD
Address 9960 NW 116 WAY
STE 7
City-State-Zip: MEDLEY FL 33178

Title MGR
Name KOHRMAN, BRUCE
Address 9960 NW 116 WAY
STE 7
City-State-Zip: MEDLEY FL 33178

Title MGR
Name FARADJI, VICTOR
Address 9960 NW 116 WAY
STE 7
City-State-Zip: MEDLEY FL 33178

Title MGR
Name MARCOS, JORGE
Address 9960 NW 116 WAY
STE 7
City-State-Zip: MEDLEY FL 33178

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

MGR

04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date