

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000135339

**Entity Name:** NSC NEUROHOSPITALISTS 1, LLC**Current Principal Place of Business:**9090 S.W. 87TH COURT, STE. 200  
MIAMI, FL 33176**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 N.W. 116 WAY, SUITE 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

03/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
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

*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

03/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date