

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000017600

Entity Name: ADVANCED NEUROLOGY SERVICES LLC

Current Principal Place of Business:

40230 US HWY 27
SUITE 160
DAVENPORT , FL 33837

Current Mailing Address:

P.O. BOX 784986
WINTER GARDEN, FL 34778 US

FEI Number: 46-1946514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KABA CONSULTING, INC
1655 E. HWY 50
#203
CLERMONT, FL 34711 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 CARRAU LEBRON, JOSE L
Address 1745 EAST HIGHWAY 50
SUITE C
City-State-Zip: CLERMONT FL 34711

Title AUTHORIZED REPRESENTATIVE
Name MORENO, ELSA
Address 1745 EAST HIGHWAY 50
SUITE C
City-State-Zip: CLERMONT FL 34711

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: ELSA MORENO

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03/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date