

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000017600

**Entity Name:** ADVANCED NEUROLOGY SERVICES LLC

**Current Principal Place of Business:**

1745 EAST HIGHWAY 50  
SUITE C  
CLERMONT, FL 34711

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

**MGRM**

**01/28/2015**

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

\_\_\_\_\_  
Date