

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