

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000017600

**Entity Name:** ADVANCED NEUROLOGY SERVICES LLC

**Current Principal Place of Business:**

1655 E HWY 50  
SUITE 203  
CLERMONT, FL 34711

**Current Mailing Address:**

P.O. BOX 183  
MARY ESTHER , FL 32569 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 P.O. BOX 183  
City-State-Zip: MARY ESTHER FL 32569

Title AUTHORIZED REPRESENTATIVE  
Name MORENO, ELSA  
Address P.O. BOX 183  
City-State-Zip: MARY ESTHER FL 32569

*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**

**MANAGING MEMBER**

**04/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date