

2018 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: CARRAU LEBRON , JOSE L

MGRM

03/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date