

**2016 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

MGRM

02/10/2016

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

\_\_\_\_\_  
Date