

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000134641

**Entity Name:** BELLHOP NEUROLOGY LLC

**Current Principal Place of Business:**

2209 NW 23RD WAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

2209 NW 23RD WAY  
BOCA RATON, FL 33431 US

**FEI Number:** 46-3729525

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOLTZ, FREDERICK J  
1601 CLINT MOORE RD.  
120  
BOCA RATON, FL 33487 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	MGRM
Name	BOLTZ, FREDERICK J	Name	BOLTZ, VANESSA B
Address	2209 NW 23RD WAY	Address	2209 NW 23RD WAY
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

*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:** VANESSA BELAVAL-BOLTZ

**MANAGER**

**04/29/2014**

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

\_\_\_\_\_  
Date