

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000175940

**Entity Name:** UNITED NEUROLOGICAL SERVICES OF AMERICA, LLC

**Current Principal Place of Business:**

2350 TEQUESTA LN  
MIAMI, FL 33133

**Current Mailing Address:**

PO BOX 562935  
MIAMI, FL 33256 US

**FEI Number:** 46-4457088

**Certificate of Status Desired:** Yes

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

GARCIA, ALEJANDRO F  
2350 TEQUESTA LN  
MIAMI, FL 33133 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 GARCIA, ALEJANDRO F  
Address 2350 TEQUESTA LN  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name FREEMAN, JESSE R  
Address 11292 SW 91ST TERRACE  
City-State-Zip: MIAMI FL 33176

*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:** ALEJANDRO F. GARCIA

MGRM

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date