

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000187785

**Entity Name:** NEUROSURGICAL ASSOCIATES PLLC

**Current Principal Place of Business:**

8243 PROCIDA ISLE LANE  
WINDERMERE, FL 34786

**Current Mailing Address:**

8243 PROCIDA ISLE LANE  
WINDERMERE, FL 34786 US

**FEI Number:** 47-2506133

**Certificate of Status Desired:** No

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

WALSH BANKS LAW  
105 E ROBINSON STREET  
SUITE 303  
ORLANDO, FL 32801 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:** BRIAN M. WALSH

02/03/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CUFFE, MARK J DR.  
Address 179 SPRUCE PINE ROAD  
City-State-Zip: OCOEE FL 34761

*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:** CUFFE, MARK J, DR.

MGR

02/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date