

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000187785

**Entity Name:** NEUROSURGICAL ASSOCIATES PLLC

**Current Principal Place of Business:**

22 W. LAKE BEAUTY DRIVE  
SUITE 301  
ORLANDO, FL 32806

**Current Mailing Address:**

22 W. LAKE BEAUTY DRIVE  
SUITE 301  
ORLANDO, FL 32806 US

**FEI Number:** 47-2506133

**Certificate of Status Desired:** Yes

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

BRIAN M. WALSH, ESQ. P.A.  
790 N. ORANGE AVENUE  
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:** \_\_\_\_\_

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:** MARK J. CUFFE, MD

**OWNER**

**02/07/2017**

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

\_\_\_\_\_  
Date