

2016 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

01/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date