

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000187785

Entity Name: NEUROSURGICAL ASSOCIATES PLLC

Current Principal Place of Business:

3205 KING GEORGE DRIVE
ORLANDO, FL 32835

Current Mailing Address:

3205 KING GEORGE DRIVE
ORLANDO, FL 32835 US

FEI Number: 47-2506133

Certificate of Status Desired: No

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 3205 KING GEORGE DRIVE
City-State-Zip: ORLANDO FL 32835

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

MGR

03/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date