

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000145044

Entity Name: NEUROSCIENCE ASSESSMENT SERVICES FOR
HEALTHCARE, LLC

Current Principal Place of Business:

7514 PARK SPRING CIR
ORLANDO, FL 32835

Current Mailing Address:

7514 PARK SPRINGS CIR
ORLANDO, FL 32835 US

FEI Number: 82-3224687

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SADOWSKY, JEFFREY A DR.
7514 PARK SPRING CIR
ORLANDO, FL 32835 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: JEFFREY A SADOWSKY, MD

01/16/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name GARZON, DIANE LYNETTE
Address 166 BAKER ST
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: DIANE GARZON

MANAGER

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date