

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000180445

Entity Name: NEURO-DIAGNOSTIC ENTERPRISE, LLC**Current Principal Place of Business:**14241 SW 129TH CT
MIAMI, FL 33186**Current Mailing Address:**14241 SW 129TH CT
MIAMI, FL 33186 US**FEI Number:** 81-3976109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORREDOR, CRISTOBAL
14241 SW 129TH CT
MIAMI, FL 33186 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	Title	AMBR
Name	CORREDOR, CRISTOBAL	Name	CORREDOR, CHRISTOPHER
Address	14241 SW 129TH CT	Address	20421 SW 83RD AVENUE
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	CUTLER BAY FL 33189
Title	AMBR		
Name	CORREDOR, DAVID		
Address	9901 PAN AMERICAN DRIVE		
City-State-Zip:	CUTLER BAY FL 33189		

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: CRISTOBAL CORREDOR

MGR

02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date