

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000060260

**Entity Name:** CLINICAL NEUROPHYSIOLOGY OF FLORIDA LLC

**Current Principal Place of Business:**

1315 SE 25 LOOP  
104  
OCALA, FL 34471

**Current Mailing Address:**

1315 SE 25 LOOP  
104  
OCALA, FL 34471 US

**FEI Number:** 82-0857034

**Certificate of Status Desired:** Yes

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

ANDRADE, EDGARD  
1315 SE 25 LOOP  
104  
OCALA, FL 34471 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	MGRM	Title	MGR
Name	ANDRADE, EDGARD	Name	ANDRADE, LIDA E
Address	1315 SE 25 LOOP UNIT 104	Address	1315 SE 25 LOOP UNIT 104
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

*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:** EDGARD ANDRADE

**PRESIDENT**

**01/25/2019**

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

\_\_\_\_\_  
Date