

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000041721

**Entity Name:** ALH NEUROLOGY, LLC

**Current Principal Place of Business:**

3759 BENEVA OAKS BLVD  
SARASOTA, FL 34238

**Current Mailing Address:**

3759 BENEVA OAKS BLVD  
SARASOTA, FL 34238 US

**FEI Number:** 82-5126065

**Certificate of Status Desired:** No

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

HELLER, ADAM L  
3759 BENEVA OAKS BLVD  
SARASOTA, FL 34238 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	OWNER
Name	HELLER, MEGAN L	Name	HELLER, ADAM LEE
Address	3759 BENEVA OAKS BLVD	Address	3759 BENEVA OAKS BLVD
City-State-Zip:	SARASOTA FL 34238	City-State-Zip:	SARASOTA FL 34238

*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:** ADAM HELLER

**OWNER**

**04/06/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date