

2020 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

06/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date