

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000171335

**Entity Name:** CLINICALLY INTEGRATED NEURO NETWORK, LLC

**Current Principal Place of Business:**

2150 CORAL WAY  
8TH FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

2150 CORAL WAY  
8TH FLOOR  
MIAMI, FL 33145 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

O'DONNELL, NANETTE ESQ.  
700 SW 8TH STREET  
415  
MIAMI, FL 33130 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:** NANETTE O'DONNELL ESQ

01/21/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NEUROSCIENCE CENTERS OF FLORIDA FOUNDATION  
Address 2150 CORAL WAY, 8TH FLOOR  
City-State-Zip: MIAMI FL 33145

*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:** NEUROSCIENCE CENTERS OF FLORIDA  
FOUNDATION

MGR

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date