

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000267152

**Entity Name:** GABLES NEUROLOGY LLC

**Current Principal Place of Business:**

2601 SW 37TH AVE  
SUITE 601  
CORAL GABLES, FL 33133

**Current Mailing Address:**

9960 NW 116 WAY  
SUITE 7  
MEDLEY, FL 33178

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PERFORMANCE MEDICAL MANAGEMENT, LLC  
9960 NW 116 WAY  
SUITE 7  
MEDLEY, FL 33178 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 MMGR  
Name NEUROSCIENCE CONSULTANTS, LLP  
Address 9960 NW 116 WAY STE 7  
City-State-Zip: MEDLEY FL 33178

Title MGR  
Name PAULEY, LANNY  
Address 9960 NW 116 WAY STE 7  
City-State-Zip: MEDLEY FL 33178

Title MGR  
Name GRAN, BERNARD  
Address 9960 NW 116 WAY STE 7  
City-State-Zip: MEDLEY FL 33178

Title MGR  
Name LERMAN, ANDREW  
Address 9960 NW 116 WAY STE 7  
City-State-Zip: MEDLEY FL 33178

*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:** LANNY PAULEY

**MANAGER**

**04/03/2024**

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

\_\_\_\_\_  
Date