

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000025436

Entity Name: PAUL DAMSKI MD NEUROLOGIST LLC**Current Principal Place of Business:**7330 SW 62ND PL
SUITE 200
MIAMI, FL 33143**Current Mailing Address:**9960 NW 116 WAY
SUITE 7
MEDLEY, FL 33178**FEI Number:** 82-4946639**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	MBR
Name	NEUROSCIENCE CONSULTANTS, LLP
Address	9960 NW 116 WAY STE 13
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	KOHRMAN, BRUCE
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	FARADJI, VICTOR
Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178

Title	MGR
Name	MARCOS, JORGE
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 E PAULEY

MGR

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date