

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90011 001 ****50.00

DOCUMENT # L02000017491

1. Entity Name

AMERICAN NEUROLOGICAL ASSOCIATES, LLC



Principal Place of Business

5912 BEACH BLVD
JACKSONVILLE FL 32207

Mailing Address

5912 BEACH BLVD
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2051112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYNE, KEITH
8920 HECKSCHER DR.
FT. GEROGE ISLAND FL 32226

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME VESTAL, ROBERT
STREET ADDRESS 8920 HECKSCHER DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME OLEVNIK, JOHN
STREET ADDRESS PO BOX 54640
CITY-ST-ZIP JACKSONVILLE FL 32245

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME RAYNE, KEITH
STREET ADDRESS 5912 BEACH BLVD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME SHOCKLEY, PATRICIA
STREET ADDRESS 1130 LINKSIDE CT
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/04

Date

9044820148

Daytime Phone #