

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000030395

FILED
Jan 09, 2006
Secretary of State

Entity Name: NEUROLOGICAL ASSOCIATES OF FLORIDA, LLC

Current Principal Place of Business:

2202 N. WEST SHORE BLVD. #200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2202 N. WEST SHORE BLVD. #200
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-0160108 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDELMAN, MARC R
4301 W. GRANADA STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MOORE, RICH F
2017 NE 22ND ST
FT LAUDERDALE, FL 33305 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: RICHARD F. MOORE

01/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KATES, SAMUEL D
Address: 2202 N. WEST SHORE BLVD. #200
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MOORE, RICHARD F
Address: 2202 N. WEST SHORE BLVD. #200
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RICHARD F. MOORE

MGRM

01/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date