

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000055862

**FILED**  
**Oct 08, 2014**  
**Secretary of State**

**Entity Name:** TALLAHASSEE NEUROLOGY SPECIALISTS, P.L.

**Current Principal Place of Business:**

1842 JACLIF CT  
STE B  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1842 JACLIF CT  
STE B  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 27-2466240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADIGAN LAW FIRM, P.L.  
215 EAST THARPE STREET  
TALLAHASSEE, FL 32303 US

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

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:** MARGARET E. WRIGHT

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** JONES, ROLAND P M.D.  
**Address:** 1842 JACLIF CT - STE B  
**City-St-Zip:** TALLAHASSEE, FL 32308 US

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** ROLAND P. JONES

OWNE

10/08/2014

Electronic Signature of Authorized Person

Date