2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L10000063878

Entity Name: NEUROLOGY AND SLEEP CENTER, PLLC

Current Principal Place of Business:

2900 17TH STREET
SUITE 3
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

2900 17TH STREET
SUITE 3
ST. CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 27-2853693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADANI, SHEADA ESQUIRE
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: IRFAN, TARIQ B
Address: 2900 17TH STREET, SUITE 3
City-St-Zip: ST. CLOUD, FL 34769 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 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 Statues.

SIGNATURE: TARIQ IRFAN P 04/29/2011

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