

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000035565

FILED
Apr 20, 2012
Secretary of State

Entity Name: FLORIDA FUNCTIONAL NEUROLOGY GROUP, LLC

Current Principal Place of Business:

613 SEA TURTLE WAY
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

613 SEA TURTLE WAY
PLANTATION, FL 33324

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, BARBARA
613 SEA TURTLE WAY
PLANTATION, FL 33324 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: MGR
Name: FRANK, ALEXANDER C DC
Address: 613 SEA TURTLE WAY
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: FRANK, BARBARA E
Address: 613 SEA TURTLE WAY
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: FRANK, TONI T
Address: 613 SEA TURTLE WAY
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: FRANK, JACLYN B
Address: 11137 CEDARWOOD DRIVE
City-St-Zip: N BETHESDA, MD 20852

Title: MGRM
Name: FRANK, RYAN M
Address: 11137 CEDARWOOD DRIVE
City-St-Zip: N BETHESDA, MD 20852

Title: MGRM
Name: FRANK, GREGORY B
Address: 11137 CEDARWOOD DRIVE
City-St-Zip: N BETHESDA, MD 20852

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 Statutes.

SIGNATURE: ALEXANDER C. FRANK, DC

MGR

04/20/2012

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