

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008316



1. Entity Name

WINDSOR OAKS NEUROLOGY, LLC

Principal Place of Business

1901 SE 18TH AVE., BLDG. 400A
OCALA FL 34471

Mailing Address

1901 SE 18TH AVE., BLDG. 400A
OCALA FL 34471



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

1st MOORE

CR2E083 (10/04)

City & State

City & State

4. FEI Number

59-3612834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOWELL, GREGORY
1901 SE 18TH AVE., BLDG. 400A
OCALA FL 34471

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HOWELL, GREGORY
STREET ADDRESS 1901 SE 18TH AVE., BLDG. 400A
CITY- ST- ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition
NAME U000000374008
STREET ADDRESS 07/22/05-80004-013 50.00
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME (KEN) NG, CHI-KIN
STREET ADDRESS 1901 SE 18TH AVE., BLDG. 400A
CITY- ST- ZIP Ocala FL 34471

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

TITLE MGR ☐ Delete
NAME GAUDIER, JOSE A
STREET ADDRESS 1901 SE 18TH AVE., BLDG. 400A
CITY- ST- ZIP Ocala FL 34471

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

TITLE MGR ☐ Delete
NAME GAYA', WILLIAM
STREET ADDRESS 1901 SE 18TH AVE., BLDG. 400A
CITY- ST- ZIP Ocala FL 34471

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

Date

Daytime Phone #