2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# M05000006123

Entity Name: SEALYM CLINICAL NEUROLOGY & EPILEPSY, PLLC

Current Principal Place of Business:

7000 SPYGLASS CRT.,
SUITE 350
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

PO BOX 411177
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 05-0568739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEALY, ORSAN
7000 SPYGLASS CRT.,
SUITE 350
MELBOURNE, FL 32940 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: SEALY, DALWYN DR.
Address: 7000 SPYGLASS CRT., SUITE 350
City-St-Zip: MELBOURNE, FL 32941

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: ORSAN SEALY MR 02/16/2011

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