

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006123

FILED
Jan 06, 2012
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

SEALY, TRALENA L
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 M DR.
Address: 7000 SPYGLASS CRT., SUITE 350
City-St-Zip: MELBOURNE, FL 32940

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: DALWYN M SEALY

MGR

01/06/2012

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