2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2017
Secretary of State
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Entity Name: NEUROLOGY, PAIN AND HEADACHE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

33046 US HWY 27
HAINES CITY, FL 33844

Current Mailing Address:

P .O BOX 4179
WINTER HAVEN, FL 33885 US

FEI Number: 26-3125830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZHEIMAN, MARWAN
33046 US HWY 27
HAINES CITY, FL 33844 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	ZHEIMAN, MARWAN
Address	33032 US HWY 27
City-State-Zip:	HAINES CITY FL 33844

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARWAN ZHEIMAN MD 03/18/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date