

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000075691

Entity Name: NEUROLOGY, PAIN AND HEADACHE OF CENTRAL FLORIDA, LLC

FILED
Oct 21, 2013
Secretary of State
CC7249679765

Current Principal Place of Business:

33032 US HWY 27
SUITE "C"
HAINES CITY, FL 33844

Current Mailing Address:

P.O BOX 4179
WINTER HAVEN, FL 33885 US

FEI Number: 26-3125830

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZHEIMAN, MARWAN
33032 US HWY 27
SUITE "C"
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
SUITE "C"
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARWAN ZHEIMAN

M.D

10/21/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date