2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2016
Secretary of State
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Entity Name: NEUROLOGY OFFICES OF SOUTH FLORIDA, PLLC

Current Principal Place of Business:

9970 CENTRAL PARK BLVD., STE 207
BOCA RATON, FL 33428

Current Mailing Address:

9970 CENTRAL PARK BLVD., STE 207
BOCA RATON, FL 33428 US

FEI Number: 27-0843687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COSTELL, BRIAN AMD
12385 NW 81ST ST.
PARKLAND, FL 33076 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	CEO	Title	MGR
Name	COSTELL, BRIAN AMD	Name	NESIC, MICHELE L
Address	12385 NW 81ST ST.	Address	9970 CENTRAL PARK BLVD, SUITE 207
City-State-Zip:	PARKLAND FL 33076	City-State-Zip:	BOCA RATON FL 33428

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: MICHELE NESIC PRACTICE MANAGER 05/03/2016

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