

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084597

**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  
Name COSTELL, BRIAN AMD  
Address 12385 NW 81ST ST.  
City-State-Zip: PARKLAND FL 33076

Title MGR  
Name NESIC, MICHELE L  
Address 9970 CENTRAL PARK BLVD, SUITE  
207  
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:** BRIAN COSTELL

CEO

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date