

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000055862

**Entity Name:** TALLAHASSEE NEUROLOGY SPECIALISTS, P.L.

**Current Principal Place of Business:**

1401 OVEN PARK DR  
2ND FLOOR  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1401 OVEN PARK DR  
2ND FLOOR  
TALLAHASSEE, FL 32308 US

**FEI Number:** 27-2466240

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MADIGAN LAW FIRM, P.L.  
215 EAST THARPE STREET  
TALLAHASSEE, FL 32303 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 JONES, ROLAND P M.D.  
Address 401 OVEN PARK DR  
2ND FLOOR  
City-State-Zip: TALLAHASSEE FL 32308

Title BUSINESS OFFICE MANAGER  
Name SIMPSON, VELDA  
Address 1401 OVEN PARK DR  
2ND FLOOR  
City-State-Zip: TALLAHASSEE FL 32308

*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:** VELDA SIMPSON

**OFFICE MANAGER**

**01/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date