

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000063562

Entity Name: GIGERMD MOVEMENT DISORDER THERAPY CENTER LLC

Current Principal Place of Business:

21065 POWERLINE ROAD
SUITE A2
BOCA RATON, FL 33433

Current Mailing Address:

21065 POWERLINE ROAD
SUITE A2
BOCA RATON, FL 33433

FEI Number: 45-5264282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAY, EDWARD P
445 SE 17TH TERRACE
DEERFIELD BEACH, FL 33441 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 GRAY, EDWARD P
Address 445 SE 17TH TERRACE
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGRM
Name GRAY, JODI
Address 445 SE 17TH TERRACE
City-State-Zip: DEERFIELD BEACH FL 33441

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: EDWARD GRAY

PRES

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date