

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000161929

**Entity Name:** BAY AREA NEUROPSYCHOLOGY, LLC

**Current Principal Place of Business:**

2919 WEST SWANN AVE  
SUITE 201  
TAMPA, FL 33609

**Current Mailing Address:**

2919 WEST SWANN AVE.  
SUITE 201  
TAMPA, FL 33609 US

**FEI Number:** 46-1656950

**Certificate of Status Desired:** No

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

INGULLI, LAMAR  
2919 WEST SWANN AVE.  
SUITE 201  
TAMPA, FL 33609 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 INGULLI, LAMAR  
Address 493 LUCERNE AVENUE  
City-State-Zip: TAMPA FL 33606

*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:** LAMAR INGULLI

**CEO**

**01/21/2025**

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

\_\_\_\_\_  
Date