

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000141099

Entity Name: MIAMI NEUROSURGICAL INSTITUTE PLLC

Current Principal Place of Business:

7600 RED ROAD
309
S. MIAMI, FL 33143

Current Mailing Address:

7600 RED ROAD
309
S. MIAMI, FL 33143

FEI Number: 46-4012477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERTI, ALDO F
7600 RED ROAD
309
S. MIAMI, FL 33143 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 ALDO F BERTI MD PA
Address 7600 RED ROAD #309
City-State-Zip: S. MIAMI FL 33143

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: ALDO F BERTI MD PA

MGRM

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date