

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000051585

**Entity Name:** NEURODIAGNOSTICS OF FLORIDA, LLC

**Current Principal Place of Business:**

4050 NE 12 TERRACE  
APT 11  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

4050 NE 12 TERRACE  
APT 11  
OAKLAND PARK, FL 33334 US

**FEI Number:** 46-5259291

**Certificate of Status Desired:** No

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

PAULINO, ALEXIS  
4050 NE 12 TERRACE  
APT 11  
OAKLAND PARK, FL 33334 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 AP  
Name PAULINO, ALEXIS  
Address 4050 NE 12 TERRACE  
APT 11  
City-State-Zip: OAKLAND PARK FL 33334

*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:** ALEXIS A PAULINO

**PRESIDENT**

**06/08/2020**

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

\_\_\_\_\_  
Date