

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000160113

Entity Name: ACOSTA NEUROLOGY CONSULTING, LLC

Current Principal Place of Business:

685 MAYO AVE
MAITLAND, FL 32751

Current Mailing Address:

685 MAYO AVE
MAITLAND, FL 32751

FEI Number: 47-2079770

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACOSTA, INDRANI E
685 MAYO AVE
MAITLAND, FL 32751 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 MRS.
Name ACOSTA, INDRANI
Address 685 MAYO AVE
City-State-Zip: MAITLAND FL 32751

Title MRS.
Name ACOSTA, INDRANI
Address 685 MAYO AVE
City-State-Zip: MAITLAND FL 32751

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: INDRANI ACOSTA

MD

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date