2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2016
Secretary of State
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Entity Name: NEUROLOGICAL SENIOR SOLUTIONS LLC

Current Principal Place of Business:

6400 N ANDREWS AVE
SUITE 530
FORT LAUDERDALE , FL 33309

Current Mailing Address:

6400 N ANDREWS AVE
SUITE 530
FORT LAUDERDALE , FL 33309 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GEISSE, HILDEGARDE
6400 N ANDREWS AVE
SUITE 530
FORT LAUDERDALE , FL 33309 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	AMBR	Title	AMBR
Name	GEISSE, HILDEGARDE	Name	BENAVIDES, XIOMARA
Address	6400 N ANDREWS AVE SUITE 530	Address	6400 N ANDREWS AVE SUITE 530
City-State-Zip:	FORT LAUDERDALE FL 33309	City-State-Zip:	FORT LAUDERDALE FL 33309

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: HILDEGARDE GEISSE MD 03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date