

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000084317

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: No

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

Title AMBR
Name BENAVIDES, XIOMARA
Address 6400 N ANDREWS AVE
SUITE 530
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

CEO

04/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date