

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000087763

Entity Name: FOX NEUROSURGICAL CONSULTING, LLC

Current Principal Place of Business:

11210 SW 30TH AVE
GAINESVILLE, FL 32608

Current Mailing Address:

11210 SW 30TH AVE
GAINESVILLE, FL 32608 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, GEORGE A ESQ
2425 TAMiami TRL #211
NAPLES, FL 34103 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 MBR
Name CHRISTOPHER FOX, WILLIAM
Address 11210 SW 30TH AVE
City-State-Zip: GAINESVILLE FL 32608

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: WILLIAM CHRISTOPHER FOX

MEMBER

07/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date