

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000145002

Entity Name: NEUROPHYSIOLOGY SPECIALISTS, L.L.C.

Current Principal Place of Business:

147 GRAYTON STREET
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

PO BOX 231265
HARAHAN, LA 70183 US

FEI Number: 47-4818674

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAY, NICHOLAS
147 GRAYTON STREET
SANTA ROSA BEACH, FL 32459 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 SHAY, NICHOLAS
Address 1304 FIRST STREET
City-State-Zip: NEW ORLEANS LA 70130

Title MBR
Name GAUTREAU, CARLOS
Address 1205 ROYAL STREET
City-State-Zip: NEW ORLEANS LA 70116

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: NICHOLAS SHAY

MEMBER

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date