

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000019294

Entity Name: THE NEUROLOGY RESEARCH GROUP,LLC**Current Principal Place of Business:**9090 SW 87 COURT
SUITE 200
MIAMI, FL 33176**Current Mailing Address:**C/O PERFORMANCE MEDICAL MANAGEMENT, LLC
9960 NW 116 WAY, SUITE 7
MEDLEY, FL 33178 US**FEI Number:** 82-0812245**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAULEY, LANNY
9960 NW 116 WAY
200 STE 7
MEDLEY, FL 33178 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 MGR
Name HERSKOWITZ, ALLAN
Address 9090 SW 87 COURT #200
City-State-Zip: MIAMI FL 33176Title MGR
Name GRAN, BERNARD
Address 9090 SW 87 COURT #200
City-State-Zip: MIAMI FL 33176Title MGR
Name DAMSKI, PAUL
Address 9090 SW 87 COURT #200
City-State-Zip: MIAMI FL 33176Title MGR
Name SERGIO, JARAMILLO
Address 9090 SW 87 COURT #200
City-State-Zip: MIAMI FL 33176Title MGR
Name PINZON, ALBERTO
Address 9090 SW 87 COURT #200
City-State-Zip: MIAMI FL 33176Title MGRM
Name NEUROSCIENCE CONSULTANTS, LLP
Address 9960 NW 116 WAY
SUITE 7
City-State-Zip: MEDLEY FL 33178Title MGR
Name PAULEY, LANNY
Address 9960 NW 116 WAY
SUITE 7
City-State-Zip: MEDLEY FL 33178

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: LANNY PAULEY

MGR

04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date