

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000052895

**Entity Name:** THE NEUROLOGY INSTITUTE LLC

**Current Principal Place of Business:**

5441 N UNIVERSITY DRIVE  
SUITE 101  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

5441 N UNIVERSITY DRIVE  
SUITE 101  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 82-0768901

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KALIRAO, SONIA  
5441 N UNIVERSITY DRIVE  
STE 101  
CORAL SPRINGS, FL 33067 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, AUTHORIZED MEMBER  
Name KALIRAO, SONIA KAUR DR.  
Address 5441 N UNIVERSITY DRIVE  
STE 101  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** SONIA KALIRAO

**REGISTERED AGENT**

**03/10/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date