

2025 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

MGR

03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date