

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000056528

Entity Name: INSTITUTE OF PEDIATRIC NEUROSCIENCES OF FLORIDA,
PLLC

Current Principal Place of Business:

7921 NW 44 STREET
GAINESVILLE, FL 32653

Current Mailing Address:

7921 NW 44 STREET
GAINESVILLE, FL 32653 US

FEI Number: 82-0819065

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDRADE, EDGARD
7921 NW 44 STREET
GAINESVILLE, FL 32653 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 ANDRADE, EDGARD
Address 7921 NW 44 STREET
City-State-Zip: GAINESVILLE FL 32653

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: EDGARD ANDRADE

PRESIDENT

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date