

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000191161

**Entity Name:** HEARTLAND NEUROLOGY, PLLC

**Current Principal Place of Business:**

777 W. HICKPOCHEE AVE,  
SUITE C  
LABELLE, FL 33935

**Current Mailing Address:**

777 W. HICKPOOCHEE AVE,  
SUITE C  
LABELLE, FL 33935 US

**FEI Number:** 82-2694521

**Certificate of Status Desired:** No

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

SANTANA, LENAY MD  
777 W. HICKPOOCHEE AVE,  
SUITE C  
LABELLE, FL 33935 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 AMBR  
Name SANTANA, LENAY MD  
Address 1114 THOMPSON BLVD  
City-State-Zip: LEHIGH ACRES FL 33972

Title SECRETARY  
Name GOULD, JAY C JR  
Address 1114 THOMPSON BLVD  
City-State-Zip: LEHIGH ACRES FL 33972

*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:** JAY GOULD

**SECRETARY**

**03/31/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date