

2021 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 C. GOULD, JR

SECRETARY

03/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date