

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000240733

**Entity Name:** DYSPHAGIA EVALUATION SPECIALISTS LLC

**Current Principal Place of Business:**

3065 NOSTRAND AVE.  
BROOKLYN, NY 11229

**Current Mailing Address:**

3065 NOSTRAND AVE.  
BROOKLYN, NY 11229 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BEALL, JENNIFER L  
4400 N ALATAMAHA ST.  
ST. AUGUSTINE, FL 32092 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  
Name KRIVELEVICH, VALERIA  
Address 4220 24TH ST. APT. 6B  
City-State-Zip: LONG ISLAND CITY NY 11101

*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:** VALERIA KRIVELEVICH

05/01/2019

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

\_\_\_\_\_  
Date