

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000191295

**Entity Name:** ANTONIO PRATS NEUROLOGICAL SURGERY

**Current Principal Place of Business:**

3641 SOUTH MIAMI AVENUE  
STE 353B  
MIAMI, FL 33133

**Current Mailing Address:**

3641 SOUTH MIAMI AVENUE  
SUITE 353B  
MIAMI, FL 33133 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PRATS, ANTONIO M.D.  
3641 SOUTH MIAMI AVENUE  
SUITE 353B  
MIAMI, FL 33133 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 PRATS, ANTONIO M.D.  
Address 3641 SOUTH MIAMI AVENUE  
STE 353B  
City-State-Zip: MIAMI FL 33133

*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:** ANTONIO PRATS

MGR

03/20/2023

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

\_\_\_\_\_  
Date