

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000446888

Entity Name: NAPLES NEURO CARE, PLLC

Current Principal Place of Business:

1575 PINE RIDGE RD
STE #19
NAPLES, FL 34109

Current Mailing Address:

1575 PINE RIDGE RD
STE #19
NAPLES, FL 34109 US

FEI Number: 92-0934394

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VALLE GILER , EDISON
1575 PINE RIDGE RD
STE #19
NAPLES, FL 34109 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: EDISON VALLE GILER

02/24/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name VALLE GILER, EDISON P
Address 1575 PINE RIDGE RD
STE #19
City-State-Zip: NAPLES FL 34109

Title MANAGER
Name PAVLISH, NIKKI
Address 1575 PINE RIDGE RD
STE #19
City-State-Zip: NAPLES FL 34109

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: NIKKI PAVLISH

OFFICE MANAGER

02/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date