

**2024 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:** No

**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

01/22/2024

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:** VALLE GILER, EDISON P

MANAGER

01/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date