

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000521722

Entity Name: OLIVER NEUROLOGICAL SURGERY, LLC

Current Principal Place of Business:

7103 SW 60TH LN
OCALA, FL 34474

Current Mailing Address:

7103 SW 60TH LN
OCALA, FL 34474 US

FEI Number: 88-4411243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVER, THOMAS A
7103 SW 60TH LN
OCALA, FL 34474 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 AR
Name PAREDES OLIVER, MARIA
Address 7103 SW 60TH LN
City-State-Zip: Ocala FL 34474

Title AMBR
Name ADAM OLIVER, THOMAS
Address 7103 SW 60TH LN
City-State-Zip: Ocala FL 34474

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: MARIA DE LOURDES PAREDES OLIVER

AMBR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date