

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000341701

Entity Name: ADVANCE NEUROPATHY INSTITUTE, LLC

Current Principal Place of Business:

10450 TURKEY LAKE ROAD, #691232
ORLANDO, FL 32819

Current Mailing Address:

10450 TURKEY LAKE ROAD, #691232
ORLANDO, FL 32819 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAGENER, PAMELA
10450 TURKEY LAKE ROAD, #691232
ORLANDO, FL 32819 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: WAGENER, PAMELA

04/23/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SINHA, PRABHAT KUMAR
Address 1819 WHITESVILLE ROAD
City-State-Zip: TOMS RIVER NJ 08755

Title AMBR
Name WAGENER, PAMELA
Address 10450 TURKEY LAKE ROAD, #691232
City-State-Zip: ORLANDO FL 32819

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: SINHA, PRABHAT KUMAR

AMBR

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date