

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000600

Entity Name: COLLIER NEUROLOGIC SPECIALISTS, P.L.**Current Principal Place of Business:**730 GOODLETTE ROAD
SUITE 100
NAPLES, FL 34102**Current Mailing Address:**730 GOODLETTE ROAD
SUITE 100
NAPLES, FL 34102**FEI Number:** 59-3454890**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDREWS, ELAINE
730 GOODLETTE RD N
STE 100
NAPLES, FL 34102 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 BAKER, MATTHEW MD
Address 730 GOODLETTE ROAD, STE. 100
City-State-Zip: NAPLES FL 34102

Title MGR
Name COLON, GARY P
Address 730 GOODLETTE ROAD, STE. 100
City-State-Zip: NAPLES FL 34102

Title MGR
Name MARIA, SANTIAGO M.D.
Address 730 GOODLETTE ROAD, STE. 100
City-State-Zip: NAPLES FL 34102

Title MGR
Name DERNBACH, PAUL M.D.
Address 730 GOODLETTE ROAD, STE. 100
City-State-Zip: NAPLES FL 34102

Title MGR
Name CAMPBELL, JOHN M.D.
Address 730 GOODLETTE RD, STE 100
City-State-Zip: NAPLES FL 34102

Title MGR
Name JUSTIZ, WILLIAM
Address 730 GOODLETTE RD, STE. 100
City-State-Zip: NAPLES FL 34102

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: PAUL DERNBACH**OWNER****03/20/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date