

2015 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: MARIA SANTIAGO, MD

MANAGING PARTNER

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date