

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000600

**Entity Name:** COLLIER NEUROLOGIC SPECIALISTS, P.L.

**Current Principal Place of Business:**

3200 BAILEY LANE  
SUITE 200  
NAPLES, FL 34105

**Current Mailing Address:**

3200 BAILEY LANE  
SUITE 200  
NAPLES, FL 34105 US

**FEI Number:** 59-3454890

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARNER, ELAINE J  
3200 BAILEY LANE  
SUITE 200  
NAPLES, FL 34105 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:** ELAINE J GARNER

04/02/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BAKER, MATTHEW MD  
Address 3200 BAILEY LANE  
SUITE 200  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name COLON, GARY P  
Address 3200 BAILEY LANE  
SUITE 200  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name MARIA, SANTIAGO M.D.  
Address 3200 BAILEY LANE  
SUITE 200  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name CAMPBELL, JOHN M.D.  
Address 3200 BAILEY LANE  
SUITE 200  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name JUSTIZ, WILLIAM  
Address 3200 BAILEY LANE  
SUITE 200  
City-State-Zip: NAPLES FL 34105

*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

**PARTNER**

04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date