

2018 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:** Yes**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

03/08/2018

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**

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date