

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003414

Entity Name: NEUROSCIENCE AND SPINE ASSOCIATES, P.L.**Current Principal Place of Business:**1660 MEDICAL BLVD.
200
NAPLES, FL 34110**Current Mailing Address:**3451 PINE RIDGE ROAD
BUILDING 601
NAPLES, FL 34109 US**FEI Number:** 65-0703990**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VICKERS, MICHAEL JMD
1660 MEDICAL BLVD
200
NAPLES, FL 34110 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 MANAGING MEMBER
Name VICKERS, MICHAEL J. M.D.
Address 1660 MEDICAL BLVD., SUITE 200
City-State-Zip: NAPLES FL 34110

Title MGRM
Name NOVAK, MICHAEL D
Address 1660 MEDICAL BLVD., SUITE 200
City-State-Zip: NAPLES FL 34110

Title MANAGING MEMBER
Name LUSK, MICHAEL
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name WEY, CHRISTOPHER
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name GERBER, MARK BMD
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MGRM
Name HUSSEY, F. DESMOND III MD
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name LEVY-REIS, IGOR
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title AUTHORIZED MEMBER
Name HAVIG, MICHAEL
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

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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: MICHAEL J. VICKERS M.D.

MGRM

03/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name AENLLE-MATUSZ, LISA
Address 1660 MEDICAL BLVD.
200
City-State-Zip: NAPLES FL 34110

Title AUTHORIZED MEMBER
Name PATEL, CHIRAG S DR.
Address 3451 PINE RIDGE RD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MBR
Name RICHARD, PAUL
Address 3451 PINE RIDGE RD
BUILDING 601
City-State-Zip: NALES FL 34109