

**2022 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:** Yes**Name and Address of Current Registered Agent:**VICKERS, MICHAEL J. MD  
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:** MICHAEL J. VICKERS, M.D.

01/31/2022

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 MANAGING MEMBER  
Name GERBER, MARK B M.D.  
Address 3451 PINE RIDGE ROAD  
BUILDING 601  
City-State-Zip: NAPLES FL 34109

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

Title MANAGING MEMBER  
Name HUSSEY, F. DESMOND III M.D.  
Address 3451 PINE RIDGE ROAD  
BUILDING 601  
City-State-Zip: NAPLES FL 34109

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

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

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

Title MANAGING MEMBER  
Name AENLLE, LISA M.D.  
Address 3451 PINE RIDGE ROAD  
BUILDING 601  
City-State-Zip: NAPLES FL 34109

**Continues on page 2**

*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.

MANAGING PHYSICIAN

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                   MANAGING MEMBER  
Name                 RICHARD, PAUL M.D.  
Address             3451 PINE RIDGE ROAD  
                         BUILDING 601  
City-State-Zip:    NAPLES FL 34109

Title                   MANAGING MEMBER  
Name                 JOYNER, PATRICK W. M.D.  
Address             3451 PINE RIDGE ROAD  
                         BUILDING 601  
City-State-Zip:    NAPLES FL 34109

Title                   MANAGING MEMBER  
Name                 PATEL, CHIRAG S M.D.  
Address             3451 PINE RIDGE ROAD  
                         BUILDING 601  
City-State-Zip:    NAPLES FL 34109