

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006123

**Entity Name:** SEALYM CLINICAL NEUROLOGY & EPILEPSY, PLLC

**Current Principal Place of Business:**

6105 N. WICKHAM RD  
BOX 411177  
MELBOURNE, FL 32940

**Current Mailing Address:**

PO BOX 411177  
MELBOURNE, FL 32941

**FEI Number: 05-0568739**

**Certificate of Status Desired:** Yes

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

SEALY, TRALENA L  
6105 N. WICKHAM RD  
BOX 411177  
MELBOURNE, FL 32940 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            PRESIDENT  
Name            SEALY, DALWYN M DR.  
Address        PO BOX 411177  
City-State-Zip: MELBOURNE FL 32941

*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: DALWYN SEALY**

**PRESIDENT**

**02/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date