

2019 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

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date