**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 04, 2021**
**Secretary of State**
**1808034259CC**

DOCUMENT# M14000003235

**Entity Name:** ACTIVE NEUROMONITORING, LLC

**Current Principal Place of Business:**

1451 W. CYPRESS CREEK RD, SUITE 300
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

1451 W. CYPRESS CREEK RD, SUITE 300
FORT LAUDERDALE, FL 33309

**FEI Number: 46-5465956**

**Certificate of Status Desired:** Yes

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

EMAKPO, EMMANUEL
1451 W. CYPRESS CREEK RD, SUITE 300
FORT LAUDERDALE, FL 33309 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: EMMANUEL EMAKPO 02/04/2021

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MANAGING MEMBER, COO | Title | MANAGING MEMBER |
| Name | FRIDAY, LATOYA | Name | EMAKPO, EMMANUEL |
| Address | 1451 W. CYPRESS CREEK RD, SUITE 300 | Address | 1451 W. CYPRESS CREEK RD, SUITE 300 |
| City-State-Zip: | FORT LAUDERDALE FL 33309 | City-State-Zip: | FORT LAUDERDALE FL 33309 |

*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: LATOYA FRIDAY COO 02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date