

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000011572

**Entity Name:** DEFINITIVE NEURODIAGNOSTICS, LLC-TECHNICAL SERVICES

**FILED**  
**Feb 17, 2021**  
**Secretary of State**  
**0214999273CC**

**Current Principal Place of Business:**

1604 VISA DRIVE  
#1  
NORMAL, IL 61761

**Current Mailing Address:**

1604 VISA DRIVE  
#1  
NORMAL, IL 61761 US

**FEI Number: 47-2485301**

**Certificate of Status Desired: No**

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

BUSINESS FILINGS INCORPORATED  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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	MGR	Title	MGR
Name	ATWATER, JOHN DR	Name	FALLS, VIKKI
Address	2257 W OCEAN OAKS CIRCLE	Address	1604 VISA DRIVE
City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	NORMAL IL 61761

*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: VIKKI FALLS**

**DIRECTOR**

**02/17/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date