2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2023
Secretary of State
9569059230CC

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Entity Name: CONCUSSIONS, PAIN, MENTAL HEALTH AWARENESS INC.

Current Principal Place of Business:

CPMHA CARE OF DR. RUSSELL A. BOURNE
748 WEST JASMINE
WEST PALM BEACH , FL 33403

Current Mailing Address:

CPMHA CARE OF DR. RUSSELL A. BOURNE
748 WEST JASMINE DRIVE
WEST PALM BEACH, FL 33403 US

FEI Number: 46-3929039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DWORK, ALEXANDER BRANDON
748 JASMINE DRIVE
WEST PALM BEACH, FL 33403 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: ALEXANDER BRANDON DWORK 01/12/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	DELL AQUILA, PAOLO
Address	748 WEST JASMIINE DR
City-State-Zip:	LAKE PARK FL 33403

Title	SECRETARY, TREASURER
Name	DWORK, ALEXANDER BRANDON
Address	203 VIA EMILIA
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	BOURNE, RUSSELL A. PHD
Address	1025 MILITARY TRAIL SUITE 113
City-State-Zip:	JUPITER FL 33458

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAOLO DELL AQUILA PRESIDENT 01/12/2023

Electronic Signature of Signing Officer/Director Detail — Date