

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009515

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

Current Principal Place of Business:

CPMHA CARE OF DR. RUSSELL A. BOURNE
1025 MILITARY TRL STE 113
JUPITER, FL 33458-7040

Current Mailing Address:

CPMHA CARE OF DR. RUSSELL A. BOURNE
1025 MILITARY TRL STE 113
JUPITER, FL 33458-7040 US

FEI Number: 46-3929039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DWORK, ALEXANDER BRANDON
203 VIA EMILIA
PALM BEACH GARDENS, FL 33418 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

01/29/2022

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

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

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: ALEXANDER BRANDON DWORK

**SECRETARY,
TREASURER**

01/29/2022

Electronic Signature of Signing Officer/Director Detail

Date