

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000011977

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**5992590947CC**

**Entity Name:** NEUROSCIENCE FOUNDATION FOR THE ADVANCEMENT OF RESEARCH AND COLLABORATIVE TELEMEDICINE, INC.

**Current Principal Place of Business:**

9110 COLLEGE POINTE CT  
FORT MYERS, FL 33919

**Current Mailing Address:**

9110 COLLEGE POINTE CT  
FORT MYERS, FL 33919 US

**FEI Number: 38-4243139**

**Certificate of Status Desired: No**

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

BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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

**Officer/Director Detail :**

Title D  
Name SEVILIS, THERESA B D.O.  
Address 9110 COLLEGE POINTE CT  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name AVILA, AMANDA A M.D.  
Address 9110 COLLEGE POINTE CT  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name ZAFAR, DARYOUSH A D.P.M.  
Address 9110 COLLEGE POINTE CT  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name BOYD, CAITLYN M R.N.  
Address 9110 COLLEGE POINTE CT  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name GALLO, STEVEN P  
Address 9110 COLLEGE POINTE CT  
City-State-Zip: FORT MYERS FL 33919

*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: THERESA B. SEVILIS, D.O.**

**D**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date