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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: DAVID ROBBINS

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Р Title Name ROBBINS, DAVID Address 3493 BIRCH TERRACE City-State-Zip: DAVIE FL 33330

Current Mailing Address:

3493 BIRCH TERRACE DAVIE, FL 33330 US

FEI Number: 65-1011385

Name and Address of Current Registered Agent:

ROBBINS, DAVID 3493 BIRCH TERRACE DAVIE, FL 33330 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

DOCUMENT# P00000045450

Entity Name: PINES NEUROLOGICAL ASSOCIATES INC.

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

601 N. FLAMINGO RD. SUITE 101A PEMBROKE PINES, FL 33028

Certificate of Status Desired: No

Date

Date

FILED Jan 11, 2021 Secretary of State 1241520174CC

01/11/2021