

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000011193

**Entity Name:** CENTER FOR BRAIN TRAINING, INC

**Current Principal Place of Business:**

550 HERITAGE DR.  
SUITE 140  
JUPITER, FL 33458

**Current Mailing Address:**

550 HERITAGE DR.  
SUITE 140  
JUPITER, FL 33458 US

**FEI Number:** 20-8187317

**Certificate of Status Desired:** No

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

COHEN, MICHAEL  
550 HERITAGE DRIVE  
SUITE 140  
JUPITER, FL 33458 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 P  
Name COHEN, MICHAEL P  
Address 138 BEACH SUMMIT CT.  
City-State-Zip: JUPITER FL 33477

Title VP  
Name COHEN, CAROLYN  
Address 550 HERITAGE DR.  
SUITE 140  
City-State-Zip: JUPITER FL 33458

Title SEC  
Name COHEN, MICHAEL P  
Address 138 BEACH SUMMIT CT.  
City-State-Zip: JUPITER FL 33477

*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.*

**SIGNATURE:** MICHAEL P COHEN

**PRESIDENT**

**02/07/2024**

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

\_\_\_\_\_  
Date