

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000019831

Entity Name: COMPLETE NEUROLOGICAL CARE OF FLORIDA P.A**Current Principal Place of Business:**21 KINGSTON ROAD
SCARSDALE, NY 10583**Current Mailing Address:**21 KINGSTON ROAD
SCARSDALE, NY 10583**FEI Number: 82-0736510****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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:** MAJA ILIC**04/27/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES	Title	SECT
Name	EDGAR, ELLEN	Name	ILIC, MAJA
Address	13-11 BRIGHT WATER AVENUE, APT. 1815	Address	21 KINGSTON ROAD
City-State-Zip:	BROOKLYN NY 11235	City-State-Zip:	SCARSDALE NY 10583

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: MAJA ILIC**OFFICER****04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date