

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000018872

**Entity Name:** COMPREHENSIVE NEUROLOGICAL CARE P.A.

**Current Principal Place of Business:**

7050 W PALMETTO PARK ROAD  
SUITE 15-175  
BOCA RATON, FL 33433

**Current Mailing Address:**

7050 W PALMETTO PARK ROAD  
SUITE 15-175  
BOCA RATON, FL 33433 US

**FEI Number:** 86-2871639

**Certificate of Status Desired:** No

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

EDGAR, ELLEN  
7050 W PALMETTO PARK ROAD  
SUITE 15-175  
BOCA RATON, FL 33433 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 EDGAR, ELLEN  
Address 7050 W PALMETTO PARK ROAD  
SUITE 15-175  
City-State-Zip: BOCA RATON FL 33433

*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:** ELLEN EDGAR

P

02/29/2024

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

\_\_\_\_\_  
Date