

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000057262

Entity Name: COMPLETE NEUROLOGICAL CARE OF MIAMI, P.A.

Current Principal Place of Business:

7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

Current Mailing Address:

7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437 US

FEI Number: 93-3623526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDGAR, ELLEN
7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437 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 7730 BOYNTON BEACH BLVD., #4
City-State-Zip: BOYNTON BEACH FL 33437

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