2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
CC7281268282

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Entity Name: NEUROCARE ASSOCIATES, INC.

Current Principal Place of Business:

6574 N STATE RD 7
PMB 106
COCONUT CREEK, FL 33073

Current Mailing Address:

6574 N STATE RD 7
PMB 106
COCONUT CREEK, FL 33073

FEI Number: 65-0461509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAMELY, ABRAHAM MD
6574 N STATE RD 7
PMB 106
COCONUT CREEK, FL 33073 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	SD	Title	PD
Name	CHAMELY, ABRAHAM MD	Name	LESSER, MARTIN A
Address	4070 NW 83RD LN	Address	2420 CASTILLA ISLE
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	FT LAUDERDALE FL 33301

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: ABRAHAM CHAMELY M.D. 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date