

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000174408

Entity Name: COGNITRACT REHABILITATION LLC

Current Principal Place of Business:

192 ATWATER STREET
PORT CHARLOTTE, FL 33954

Current Mailing Address:

192 ATWATER STREET
PORT CHARLOTTE, FL 33954 US

FEI Number: 46-4330154

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABREU, ODALIS
192 ATWATER STREET
PORT CHARLOTTE, FL 33954 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

Authorized Person(s) Detail :

Title PRESIDENT
Name ABREU, ODALIS MS CCC-SLP
Address 192 ATWATER STREET
City-State-Zip: PORT CHARLOTTE FL 33954

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ODALIS ABREU MS CCC-SLP

PRESIDENT

02/17/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date