

**2024 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

**PRESIDENT**

**03/11/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date