			Certificate of Status De	Sileu. NO
Name and A	ddress of Current Registered Agent:			
SHHADEH, AKF 9140 SPRING T VERO BEACH,	TIME DR.			
The above named	l entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of F	Florida.
SIGNATURE	E AKRAM SHHADEH			01/17/2020
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	AMBR	Title	AMBR	
Name	SHHADEH, AKRAM	Name	GHEITH, AYMAN A	
Address	9140 SPRING TIME DR.	Address	9140 SPRING TIME DR.	
City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	VERO BEACH FL 32963	
Title	AUTHORIZED MEMBER			
Name	GUPTA, VIKAS			
Address	9140 SPRING TIME DR.			
City-State-Zip:	VERO BEACH FL 32963			

9140 SPRING TIME DR.

Na

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. 01/17/2020 MANAGER

SIGNATURE: AKRAM SHHADEH

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000169072

Entity Name: ARUBAH NEUROSCIENCE INSTITUTE PLLC

Current Principal Place of Business:

9140 SPRING TIME DR. VERO BEACH, FL 32963

Current Mailing Address:

VERO BEACH, FL 32963 US

FEI Number: 47-5228964

Certificate of Status Desired: No

FILED Jan 17, 2020 **Secretary of State** 0937260166CC

Electronic Signature of Signing Authorized Person(s) Detail

Date