

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000015395

Entity Name: NEURO HEALTHCARE LLC

Current Principal Place of Business:

3260 MURRELL RD., STE 101
ROCKLEDGE, FL 32955

Current Mailing Address:

3260 MURRELL RD., STE 101
ROCKLEDGE, FL 32955 US

FEI Number: 81-1057743

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BORTZ, TIMOTHY
3260 MURRELL RD
STE 101
ROCKLEDGE, FL 32955 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 MGR
Name BORTZ, TIMOTHY
Address 3260 MURRELL RD
STE 101
City-State-Zip: ROCKLEDGE FL 32955

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: TIMOTHY BORTZ

OWNER

04/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date