

**2017 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

03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date