2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2025
Secretary of State
6797891823CC

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Entity Name: TRAUMATIC BRAIN INSTITUTE, LLC

Current Principal Place of Business:

4300 NORTH UNIVERSITY DRIVE
B200
SUNRISE, FL 33351

Current Mailing Address:

4300 NORTH UNIVERSITY DRIVE
B200
SUNRISE, FL 33351 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, CHARLES H
4300 NORTH UNIVERSITY DRIVE
SUITE B200
SUNRISE, FL 33351 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	COHEN, CHARLES H
Address	4300 NORTH UNIVERSITY DRIVE, B200
City-State-Zip:	SUNRISE FL 33351

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: CHARLES COHEN OWNER 03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date