

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000373874

**Entity Name:** NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PLLC

**Current Principal Place of Business:**

10701 LAUREL VISTA WAY  
TAMPA, FL 33647

**Current Mailing Address:**

10701 LAUREL VISTA WAY  
TAMPA, FL 33647 US

**FEI Number:** 85-2489951

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLDER AND LUNDY, LLC  
1000 CASS STREET  
TAMPA, FL 33606 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 DUPRE, DERRICK  
Address 10701 LAUREL VISTA WAY  
City-State-Zip: TAMPA FL 33647

*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:** DERRICK A DUPRE

MD

02/04/2021

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

\_\_\_\_\_  
Date