

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000373874

Entity Name: NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PLLC

Current Principal Place of Business:

8140 PICTON WAY
102
TRINITY, FL 34655

Current Mailing Address:

8140 PICTON WAY
102
TRINITY, FL 34655 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 AUTHORIZED REPRESENTATIVE
Name NEUREPAIR CLINIC
Address 8140 PICTON WAY
102
City-State-Zip: TRINITY FL 34655

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 DUPRE

PRESIDENT

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date