

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000455810

**Entity Name:** THE COGNITIVE HEALTH INSTITUTE, LLC

**Current Principal Place of Business:**

1010 NORTH FLORIDA AVENUE  
TAMPA, FL 33602

**Current Mailing Address:**

1010 NORTH FLORIDA AVENUE  
TAMPA, FL 33602 US

**FEI Number:** 87-3165547

**Certificate of Status Desired:** No

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

ST LOUIS FAMILY OFFICE AND MANAGEMENT, LLC  
1010 NORTH FLORIDA AVENUE  
TAMPA, FL 33602 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:** JAMES ST LOUIS

03/15/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ST LOUIS, JAMES  
Address 1010 NORTH FLORIDA AVENUE  
City-State-Zip: TAMPA FL 33602

*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:** JAMES ST LOUIS

CEO

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date