

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002962

**Entity Name:** NEUROPATHY CENTERS OF AMERICA, LLC

**Current Principal Place of Business:**

3420 FAIRLANE FARMS RD  
SUITE 200  
WELLINGTON, FL 33414

**FILED**  
**Jun 08, 2021**  
**Secretary of State**  
**9431283934CC**

**Current Mailing Address:**

3420 FAIRLANE FARMS RD  
SUITE 200  
WELLINGTON, FL 33414 US

**FEI Number:** 45-5311975

**Certificate of Status Desired:** No

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

SHAPIRO, STACY  
3420 FAIRLANE FARMS RD  
SUITE 200  
WELLINGTON, FL 33414 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 FN HOLDINGS LLC  
Address 3420 FAIRLANE FARMS RD  
SUITE 200  
City-State-Zip: WELLINGTON FL 33414

Title MEMBER  
Name ALAVI, ALI H D.O.  
Address 5112 POST WOOD DRIVE  
City-State-Zip: FORTH WORTH TX 76244

Title MEMBER  
Name WHEELER, SANDY  
Address 4160 W. EAGLEROCK  
City-State-Zip: WENATCHEE WA 98801

*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:** GARY L SHAPIRO

**OFFICER**

**06/08/2021**

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

\_\_\_\_\_  
Date