## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000007514

Entity Name: BRAINCARE, LLC

May 23, 2018 Secretary of State CC0577866855

**FILED** 

## **Current Principal Place of Business:**

BRAINCARE, LLC

12301 LAKE UNDERHILL RD., SUITE 237

ORLANDO, FL 32828

## **Current Mailing Address:**

GND/BRAINCARE, LLC 2670 FIREWHEEL DR, SUITE B FLOWER MOUND, TX 75028 US

FEI Number: 45-4041268 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Authorized Person(s) Detail:

Title SR DIRECTOR OF OPERATIONS Title CFO

Name SHOCK, JANICE Name KENNEDY, JONATHAN

Address 2670 FIREWHEEL DR, SUITE B Address 6701 KOLL CENTER PARKWAY

STE. 120

City-State-Zip: FLOWER MOUND TX 75028

City-State-Zip: PLEASANTON CA 94566

Title CEO

Name HAWKINS, JIM

Address 6701 KOLL CENTER PARKWAY

STE. 120

City-State-Zip: PLEASANTON CA 94566

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: KENNEDY, JONATHAN

**CFO** 

05/23/2018

Date