

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000050362

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** NEURO ASSISTED RECOVERY, INC.

**Current Principal Place of Business:**

8400 S. TAMIAMI TRAIL  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 5425  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:** 26-0853201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORAN, MICHAEL ESQ  
1202 RINGLING BLVD.  
SARASOTA, FL 34238 US

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

RAYFIELD, JAMISON ESQ  
318 EAST KALEY  
ORLANDO, FL 32806 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:** JAMISON A RAYFIELD

03/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RAYFIELD, BEVERLY  
**Address:** P.O. BOX 5425  
**City-St-Zip:** SARASOTA, FL 34277

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BEVERLY RAYFIELD

PST

03/03/2011

Electronic Signature of Signing Officer or Director

Date