

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000075671

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

**Entity Name:** NEUROCOGNITIVE REHABILITATION, INC.

**Current Principal Place of Business:**

100 MIRACLE MILE  
SUITE 330  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 MIRACLE MILE  
SUITE 330  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 27-3463058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIEGUEZ, NORA  
100 MIRACLE MILE  
SUITE 330  
CORAL GABLES, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HERRERA, JORGE A  
**Address:** 100 MIRACLE MILE, SUITE 330  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** VP  
**Name:** DIEGUEZ, NORA  
**Address:** 100 MIRACLE MILE, SUITE 330  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** S  
**Name:** VILCHES, ADRIANA  
**Address:** 100 MIRACLE MILE, SUITE 330  
**City-St-Zip:** CORAL GABLES, FL 33134 US

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:** NORA DIEGUEZ

D

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date