2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

DOCUMENT# P10000075671

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 VP 02/03/2012

Electronic Signature of Signing Officer or Director Date