

P13000054512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

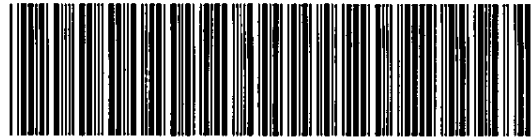
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258398175

04/03/14--01011--025 **35.00

FILED
14 APR -3 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 08 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Neurocare Inc.

Name of Corporation

DOCUMENT NUMBER: P13000054512

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip Staats

Name of Contact Person

Neurocare Inc.

Firm/Company

9838 Old Baymeadows Rd #386

Address

Jacksonville, Florida 32256

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Staats

Name of Contact Person

at (904) 281-1066

Area Code & Daytime Telephone Number.

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Neurocare Inc.
2. The principal office address: 9838 Old Baymeadows Rd #386
Jacksonville, florida 32256
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/25/2013 Document number: P13000054512

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mike Zachary - Resigned

9838 Old Baymeadows Rd

Jacksonville, Florida 32256

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Philip Staats

9838 Old Baymeadows Rd

P.O. Box NOT acceptable

Jacksonville, Florida

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Loren Zachary
Signature of an officer or director

Loren Zachary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Philip Staats
Signature of Registered Agent

3/31/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
14 APR -3 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA