

PR000013211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

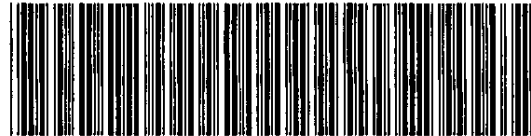
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800312022888

04/18/18--01013--010 **35.00

Wachter
R. WHITE

APR 19 2018

FILED
18 APR 18 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEURO-BASED PHYSICAL THERAPY, INC.
Name of Corporation

DOCUMENT NUMBER: P18000013270

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:

JUVY VILLANUEVA

Name of Contact Person

NEURO-BASED PHYSICAL THERAPY, INC.

Firm/Company

322 NE 47TH PLACE

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

TFGWBS@GMAIL.COM

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

For further information concerning this matter, please call:

JUVY VILLANUEVA

Name of Contact Person

at (**561**) **5634846**
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: NEURO-BASED PHYSICAL THERAPY, INC.
2. The principal office address: 5801 TOWN BAY DRIVE #6110
BOCA RATON, FLORIDA 33486
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 02/07/2018 Document number: P18000013270

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)

JUVY VILLANUEVA

5801 TOWN BAY DRIVE #6110

BOCA RATON, FLORIDA 33486

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

JUVY VILLANUEVA

322 NE 47TH PLACE

P.O. Box NOT acceptable

POMPANO BEACH, FLORIDA 33064-4104

FILED
18 APR 18 PM 3:07
SECRETARY OF STATE
TALLAHASSEE 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.

Juvy Villanueva
Signature of an officer or director

JUVY VILLANUEVA, PT, DPT
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.

Juvy Villanueva
Signature of Registered Agent

April 10, 2018
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)