

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000043435

Entity Name: NEURO CARE PLUS, INC.

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12000 BISCAYNE BLVD.  
STE. 810  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12000 BISCAYNE BLVD., STE. 810  
MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 65-0584687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALBUT, HOWARD N  
2650 BISCAYNE BLVD  
#810  
MIAMI, FL 33137 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: GALBUT, LIBBY  
Address: 12000 BISCAYNE BLVD #810  
City-St-Zip: MIAMI, FL 33181

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: LIBBY GALBUT

DPT

02/16/2010

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

\_\_\_\_\_  
Date