2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2025
Secretary of State
5396505886CC

DOCUMENT# N14000011107

Entity Name: STROKE RECOVERY FOUNDATION, INC.

Current Principal Place of Business:

2338 IMMOKALEE RD
STE 356
NAPLES, FL 34110

Current Mailing Address:

2338 IMMOKALEE RD
STE 356
NAPLES, FL 34110 US

FEI Number: 47-2783922

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANDELL, ROBERT
2338 IMMOKALEE RD
STE 356
NAPLES, FL 34110 US

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

Officer/Director Detail :

Title	DM	Title	D
Name	MANDELL, ROBERT	Name	MANDELL, DEBORAH
Address	2338 IMMOKALEE RD STE 356	Address	2338 IMMOKALEE RD STE 356
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34120

Title	D
Name	BONNETTE, MARY
Address	1920 VIRGINIA AVE SUITE 401
City-State-Zip:	FT.MYERS FL 33901

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MANDELL MANAGING DIRECTOR 04/22/2025

Electronic Signature of Signing Officer/Director Detail — Date