

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050362

Entity Name: NEURO ASSISTED RECOVERY, INC.

Current Principal Place of Business:

3920 BEE RIDGE RD
SARASOTA, FL 34233

Current Mailing Address:

POBOX 5425
SARASOTA, FL 34277

FEI Number: 26-0853201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYFIELD, JAMISON ESQ
318 EAST KALEY
ORLANDO, FL 32806 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	P	Title	TREASURER, DIRECTOR
Name	RAYFIELD, BEVERLY	Name	RAYFIELD, JAMISON A
Address	P.O. BOX 5425	Address	3920 BEE RIDGE RD
City-State-Zip:	SARASOTA FL 34277	City-State-Zip:	SARASOTA FL 34233

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: BEVERLY RAYFIELD

PST

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date