

**2020 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  
3920 BEE RIDGE RD  
SARASOTA, FL 34233 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

**PRESIDENT**

**06/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date