

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000051519

**Entity Name:** NEUROLOGY & PAIN MEDICINE, INC.

**Current Principal Place of Business:**

1555 N KROME AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

1555 N KROME AVE  
HOMESTEAD, FL 33033 US

**FEI Number:** 27-0366507

**Certificate of Status Desired:** No

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

PENA, MARIA  
1555 N KROME AVE  
HOMESTEAD, FL 33030 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:** MARIA PENA

01/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT

Name PENA, MARIA C.

Address 1555 N KROME AVE

City-State-Zip: HOMESTEAD FL 33033

Title VP

Name CARRASCO, ANGEL DR.

Address 1555 N KROME AVE

City-State-Zip: HOMESTEAD FL 33030

*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:** MARIA PENA

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01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date