2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2024
Secretary of State
8557470113CC

DOCUMENT# P22000024623

Entity Name: NEURO REHAB RECOVERY INC

Current Principal Place of Business:

100 PIERCE ST
UNIT 609
CLEARWATER, FL 33756

Current Mailing Address:

611 SOUTH FORT HARRISON AVENUE
PO BOX 430
CLEARWATER, FL 33756 US

FEI Number: 88-2291073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIERA, VERONICA
100 PIERCE ST
UNIT 609
CLEARWATER, FL 33756 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
Name	VIERA, VERONICA
Address	100 PIERCE ST UNIT 609
City-State-Zip:	CLEARWATER FL 33756

Title	VP
Name	VIERA, VERONICA
Address	100 PIERCE ST UNIT 609
City-State-Zip:	CLEARWATER FL 33756

Title	SEC
Name	VIERA, VERONICA
Address	100 PIERCE ST UNIT 609
City-State-Zip:	CLEARWATER FL 33756

Title	TREA
Name	VIERA, VERONICA
Address	100 PIERCE ST UNIT 609
City-State-Zip:	CLEARWATER FL 33756

Title	VP
Name	VILES, GARY
Address	100 PIERCE ST UNIT 609
City-State-Zip:	CLEARWATER FL 33756

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: GARY VILES VICE PRESIDENT 02/05/2024

Electronic Signature of Signing Officer/Director Detail — Date