

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024196

Entity Name: NEUROCARE INSTITUTE OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792

Current Mailing Address:

1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792

FEI Number: 59-3160624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINELESS, HAL S
1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792 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 PSTD
Name PINELESS, HAL SD.O.
Address 1890 STATE ROAD 436, SUITE 255
City-State-Zip: WINTER PARK FL 32792

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: HAL S. PINELESS, D.O.

PRESIDENT

04/19/2014

Electronic Signature of Signing Officer/Director Detail

Date