

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043435

Entity Name: NEURO CARE PLUS, INC.

Current Principal Place of Business:

3050 BISCAYNE BLVD
PH 2
MIAMI, FL 33137

Current Mailing Address:

P.O. BOX 813250
HOLLYWOOD, FL 33081-3250 US

FEI Number: 65-0584687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALBUT, HOWARD N
3050 BISCAYNE BLVD
PH 2
MIAMI, FL 33137 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 DPT
Name COMRAS-MITTEN, LIBBY
Address 5500 COLIINS AVE
PH 1
City-State-Zip: MIAMI BEACH FL 33140

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: LIBBY COMRAS-MITTEN

PRESIDENT

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date