2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2015
Secretary of State
CC1319658155

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Entity Name: NEURO CARE PLUS, INC.

Current Principal Place of Business:

4700 BISCAYNE BLVD
STE. 502
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
4700 BISCAYNE BLVD
#502
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 01/20/2015

Electronic Signature of Signing Officer/Director Detail — Date