

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096899

Entity Name: THE NEUROMUSCULAR PAIN RELIEF CENTER OF FORT LAUDERDALE INC

Current Principal Place of Business:

5975 N FEDERAL HWY
SUITE 244
FT LAUDERDALE, FL 33308

Current Mailing Address:

5975 N FEDERAL HWY
SUITE 244
FT LAUDERDALE, FL 33308

FEI Number: 65-0632260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGELA DENISE DELGADO CPA PA
665 SE 10TH ST
201
DEERFIELD BEACH, FL 33441 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: ANGELA DENISE DELGADO

02/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MALLE, MICHAEL P
Address 5975 N FEDERAL HWY STE 244
City-State-Zip: FT LAUDERDALE FL 33308

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: MICHAEL P MALLE

P

02/05/2019

Electronic Signature of Signing Officer/Director Detail

Date