2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2016
Secretary of State
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Entity Name: NEUROTHERAPY CENTER, LLC

Current Principal Place of Business:

1920 VIRGINIA AVENUE
802
FT. MYERS, FL 33901

Current Mailing Address:

1920 VIRGINIA AVE
#802
FT MYERS, FL 33901 US

FEI Number: 20-3621424

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONNETTE, MARY LPRESIDE
1920 VIRGINIA AVENUE
802
FT. MYERS, FL 33901 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

Authorized Person(s) Detail :

Title	CEO
Name	BONNETTE, MARY L PHD
Address	1920 VIRGINIA AVENUE #401
City-State-Zip:	FT. MYERS FL 33901

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY L. BONNETTE, PHD DIRECTOR, CEO 02/04/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date