

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000098596

Entity Name: NEUROTHERAPY CENTER, LLC

Current Principal Place of Business:

298
HICKORY ACRES LANE
ST. JOHNS, FL 32259

Current Mailing Address:

298
HICKORY ACRES LANE
ST. JOHNS, FL 32259 US

FEI Number: 20-3621424

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONNETTE, MARY LYNN PHD
298
HICKORY ACRES LANE
ST. JOHNS, FL 32259 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: MARY BONNETTE, PHD

03/09/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BONNETTE, MARY L PHD
Address 298
HICKORY ACRES LANE
City-State-Zip: ST. JOHNS FL 32259

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 BONNETTE, PHD

PRESIDENT

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date