

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000169072

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**0809924325CC**

**Entity Name:** ARUBAH NEUROSCIENCE INSTITUTE PLLC

**Current Principal Place of Business:**

1000 36TH STREET  
VERO BEACH, FL 32960-4862

**Current Mailing Address:**

1000 36TH STREET  
VERO BEACH, FL 32960-4862 US

**FEI Number:** 47-5228964

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHHADEH, AKRAM  
1701 S 23RD STREET  
FORT PIERCE, FL 34950 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:** AKRAM SHHADEH

04/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SHHADEH, AKRAM  
Address 1000 36TH STREET  
City-State-Zip: VERO BEACH FL 32960-4862

Title AMBR  
Name GHEITH, AYMAN A  
Address 1000 36TH STREET  
City-State-Zip: VERO BEACH FL 32960-4862

Title AUTHORIZED MEMBER  
Name GUPTA, VIKAS  
Address 1000 36TH STREET  
City-State-Zip: VERO BEACH FL 32960-4862

*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:** AKRAM SHHADEH

MEMBER

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date