

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000268200

Entity Name: TRAUMATIC BRAIN DIAGNOSTIC LLC

Current Principal Place of Business:

1324 SEVEN SPRINGS BLVD, #159
TRINITY, FL 34655

Current Mailing Address:

1324 SEVEN SPRINGS BLVD #159
TRINITY, FL 34655 US

FEI Number: 84-3474201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACKBURN, CHARLES
1324 SEVEN SPRINGS BLVD, 159
TRINITY, FL 34655 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 MGR
Name BLACKBURN, CHARLES
Address 1324 SEVEN SPRINGS BLVD, 159
City-State-Zip: TRINITY FL 34655

Title COO
Name LEONARD, EDWARD
Address 1501 DOYLE CARLTON DR UNIT 410
City-State-Zip: TAMPA FL 33602

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: CHARLES BLACKBURN

MANAGER

01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date