2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2020
Secretary of State
2625773454CC

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Entity Name: TRAUMATIC BRAIN DIAGNOSTIC LLC

Current Principal Place of Business:

1814 WELLNESS LANE
TRINITY, FL 34655

Current Mailing Address:

1324 SEVEN SPRINGS BLVD #159
NEW PORT RICHEY, AL 34655 US

FEI Number: 84-3474201

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BLACKBURN, CHARLES
1610 86TH COURT NW
BRADENTON, FL 34209 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	Title	MGR
Name	BLACKBURN, CHARLES	Name	MARCHANT, ROBERT
Address	1610 86TH COURT NW	Address	1439 FLATWOOD CT
City-State-Zip:	BRADENTON FL 34209	City-State-Zip:	TRINITY FL 34655
Title	VP	Title	COO
Name	KENNEDY, THOMAS	Name	LEONARD, EDWARD
Address	9941 SAGO POINT DRIVE	Address	1501 DOYLE CARLTON DR UNIT 410
City-State-Zip:	SEMINOLE FL 33777	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 W. BLACKBURN CFO 06/16/2020

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