

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000373874

Entity Name: NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PLLC

Current Principal Place of Business:

10701 LAUREL VISTA WAY
TAMPA, FL 33647

Current Mailing Address:

10701 LAUREL VISTA WAY
TAMPA, FL 33647 US

FEI Number: 85-2489951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLDER AND LUNDY, LLC
1000 CASS STREET
TAMPA, FL 33606 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 DUPRE, DERRICK
Address 10701 LAUREL VISTA WAY
City-State-Zip: TAMPA FL 33647

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: DERRICK A DUPRE

MD

02/04/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date