

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000373874

**Entity Name:** NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PLLC

**Current Principal Place of Business:**

8140 PICTON WAY  
102  
TRINITY, FL 34655

**Current Mailing Address:**

8140 PICTON WAY  
102  
TRINITY, FL 34655 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            AUTHORIZED REPRESENTATIVE  
Name            NEUREPAIR CLINIC  
Address        8140 PICTON WAY  
                  102  
City-State-Zip: TRINITY FL 34655

*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:** COLLEEN TATE

**PRACTICE MANAGER**

**02/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date