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: CECILIA SANCHEZ BECERRA

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/05/2022

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 | : LILIANA COBO | | 03/05/2022 |
|-------------------------------|--|-----------------|--------------------------------|
| | Electronic Signature of Registered Agent | | Date |
| Authorized Person(s) Detail : | | | |
| Title | MGR | Title | MGR |
| Name | SANCHEZ BECERRA, CECILIA | Name | SANCHEZ BECCERRA, ANGELA LUCIA |
| Address | 7601 E TREASURE DR 701 | Address | 7601 E TREASURE DR 701 |
| City-State-Zip: | MIAMI BEACH FL 33131 | City-State-Zip: | MIAMI BEACH FL 33131 |

Name and Address of Current Registered Agent:

Current Mailing Address:

MIAMI BEACH, FL 33141

7601 E TREASURE DR

701

7601 E TREASURE DR 701 MIAMI BEACH, FL 33131 US

DOCUMENT# L21000422440

Current Principal Place of Business:

FEI Number: 32-0671479

Entity Name: CLINICA NEUROREHABILITAR LLC

COBO, LILIANA 7601 E TREASURE DR 701 MIAMI BEACH, FL 33131 US

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 05, 2022 Secretary of State 0190342651CC

Certificate of Status Desired: Yes

Date