

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000422440

Entity Name: CLINICA NEUROREHABILITAR LLC

Current Principal Place of Business:

2030 S.DOUGLAS ROAD
109
CORAL GABLES, FL 33134

Current Mailing Address:

2030 S.DOUGLAS ROAD
109
CORAL GABLES, FL 33134 US

FEI Number: 32-0671479

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ BECERRA, CECILIA
7275 SW 89TH ST
B-520
MIAMI, FL 33156 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: CECILIA SANCHEZ BECERRA

05/18/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANCHEZ BECERRA, CECILIA
Address 7275 SW 89TH ST
B-520
City-State-Zip: MIAMI FL 33156

Title MGR
Name SANCHEZ BECERRA, ANGELA LUCIA
Address 7275 SW 89TH ST
B-520
City-State-Zip: MIAMI FL 33156

Title MANAGER
Name CLINICA NEUROREHABILITAR LTDA
Address 2030 S.DOUGLAS ROAD
109
City-State-Zip: CORAL GABLES FL 33134

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: ANGELA LUCIA SANCHEZ BECERRA

MGR

05/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date