

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000092282

**Entity Name:** NEURATEQ HEALTHCARE SYSTEM, INC.

**Current Principal Place of Business:**

1313 W. BOYNTON BEACH BLVD 1B #346  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1313 W. BOYNTON BEACH BLVD 1B #346  
BOYNTON BEACH, FL 33426 US

**FEI Number: 85-4389793**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DERICHO, MERCEDES  
1313 W. BOYNTON BEACH BLVD 1B #346  
BOYNTON BEACH, FL 33426 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

**Officer/Director Detail :**

Title PD  
Name DERICHO, MERCEDES  
Address 1313 W. BOYNTON BEACH BLVD 1B  
#346  
City-State-Zip: BOYNTON BEACH FL 33426

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MERCEDES DERICHO**

**PRESIDENT**

**04/21/2022**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date