

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90379 002 \*\*\*\*61.25

**DOCUMENT # N99000005507**

1. Entity Name

**COALITION OF CLINICAL PRACTITIONERS OF NEUROPSYC**

Principal Place of Business

Mailing Address

7800 RED ROAD  
 SUITE 310  
 MIAMI FL 33143

7800 RED ROAD  
 SUITE 310  
 MIAMI FL 33143-5544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0950874

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROWN, BARRY PH.D.**  
 7800 RED ROAD  
 SUITE 310  
 MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JIM HOM, PHD	
STREET ADDRESS	9400 N CENTRAL EXPRESSWAY, SUITE 904	
CITY-ST-ZIP	DALLAS, TX 75231	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	BARRY CROWN, PHD	
STREET ADDRESS	7800 RED ROAD, SUITE 310	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ARTHUR MACNEILL HORTON, JR., ED.D.	
STREET ADDRESS	5903 LONE OAK DRIVE	
CITY-ST-ZIP	BETHESDA, MD 20814	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **BARRY CROWN** 4/21/00 305 665-0771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)