

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2004  
Secretary of State**

DOCUMENT# N99000005507

**Entity Name:** COALITION OF CLINICAL PRACTITIONERS OF NEUROPSYCHOLOGY, INC.

**Current Principal Place of Business:**

7800 RED ROAD  
SUITE 310  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7800 RED ROAD  
SUITE 310  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 65-0950874      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOM, JIM PH.D.  
Address: 9400 N. CENTRAL EXP., STE 904  
City-St-Zip: DALLAS, TX 75231

Title: T ( ) Delete  
Name: CROWN, BARRY PH.D.  
Address: 7800 RED RD., STE 310  
City-St-Zip: MIAMI, FL 33143

Title: SD ( ) Delete  
Name: HORTON, JR., ARTHUR M ED.D.  
Address: 5903 LONE OAK DR.  
City-St-Zip: BETHESDA, MD 20814

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY M. CROWN

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04/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date