

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005507

FILED
Apr 07, 2005
Secretary of State

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 US

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: PD (X) Change () Addition
Name: MAYFIELD, JOAN PH.D.
Address: 7800 RED ROAD - SUITE 310
City-St-Zip: SOUTH MIAMI, FL 33143

Title: T (X) Change () Addition
Name: RUTAN, PETER ED.D.
Address: 130 MAPLE AVENUE
City-St-Zip: RED BANK, NJ 33143

Title: SD (X) Change () Addition
Name: CROWN, BARRY M PH.D.
Address: 7800 RED ROAD - SUITE 310
City-St-Zip: SOUTH MIAMI, FL 33143

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

SD

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date