2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005507

FILED Apr 25, 2007 Secretary of State

Entity Nan	ne: COALITI	ON OF CLINICAL PRACTITION	IERS OF NEUROPSYCHOLOG	Y, INC.	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7800 RED I SUITE 310 MIAMI, FL					
Current Ma	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
7800 RED I SUITE 310 MIAMI, FL					
FEI Number:	65-0950874	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
7800 RED I SUITE 310 MIAMI, FL	33143 US named entity		urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RUSSELL, ELI	HIGHWAY - PH3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RUTAN, PETÈ	/ENUE - SUITE 3E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KOLITZ-RUSS) Delete ELL, SALLY PH.D. HIGHWAY - PH3 156	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELBERT RUSSELL P 04/25/2007