2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P05000001648

Entity Name: NORTH FLORIDA CLINICAL PSYCHOLOGY, INC.

Current Principal Place of Business:

6821-230 SOUTHPOINT DRIVE NORTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6821-230 SOUTHPOINT DRIVE NORTH
JACKSONVILLE, FL 32216

New Mailing Address:

PO BOX 24668
JACKSONVILLE, FL 32241

FEI Number: 20-2095762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERKOV, MICHAEL J
6821-230 SOUTHPOINT DR N
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

KEVIN S GREEN INC
3617-2 CROWN POINT RD
JACKSONVILLE, FL 32257 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: KEVIN GREEN 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HERKOV, MICHAEL J
Address: 6821-230 SOUTHPOINT DR N
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HERKOV P 04/30/2008
Electronic Signature of Signing Officer or Director Date