2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# P08000058601

Entity Name: NAPLES NEUROPSYCHOLOGY, P.A.

Current Principal Place of Business:

679 110TH AVENUE NORTH
NAPLES, FL 34108

New Principal Place of Business:

2450 GOODLETTE RD. N
SUITE 101
NAPLES, FL 34103

Current Mailing Address:

679 110TH AVENUE NORTH
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-2833467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINCK, LINDA R
5801 PELICAN BAY BOULEVARD
SUITE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

PAMELA OUAOU
679 110TH AVE N
NAPLES, FL 34108 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: PAMELA OUAOU 02/10/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. ( ) Change (X) Addition
Name: OUAOU, PAMELA R SECRETA
Address: 679 110TH AVE N
City-St-Zip: NAPLES, FL 34108 US

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: PAMELA OUAOU MRS. 02/10/2009
Electronic Signature of Signing Officer or Director Date