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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022571 (9)

1. Corporation Name

NEUROPSYCHOLOGICAL ASSOCIATES, INC.

AS OF WORK OF 3/24/97 NAME CHANGED TO:

NEUROCOGNITIVE TRAINING, INC.

NC
3/24/97



Principal Place of Business

3604 UNIVERSITY BLVD SOUTH SUITE 7
JACKSONVILLE FL 32218

Mailing Address

3604 UNIVERSITY BLVD SOUTH SUITE 7
JACKSONVILLE FL 32218-4300

1935 LARGO ROAD
JACKSONVILLE, FL 32207

POB 5147
JACKSONVILLE, FL 32247

3. Date Incorporated or Qualified
03/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 1935 LARGO ROAD

2b. Mailing Address

26 POB 5147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE, FL

27 City & State

28 JACKSONVILLE, FL 32247

24 Zip

32207

Country

25 USA

29 Zip

32247

Country

30 USA

4. FEI Number

59-3365320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MORFORD, DOUGLAS H
200 W PORSYTH ST, SUITE 1000
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3974 WOODCOCK DR.

83

SUITE 100

84 City

JACKSONVILLE

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Signature of the person authorized to change the registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
MORFORD, DOLORES W
3604 UNIVERSITY BLVD SOUTH, SUITE 7
JACKSONVILLE FL 32218

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
SAME
1935 LARGO ROAD
JACKSONVILLE, FL 32207

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
900002137389
-04/09/97--01028--007
***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

DOLORES W. MORFORD

3/27/97

(904)
399-8211