

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000022571 (9)

1. Corporation Name

NEUROCOGNITIVE TRAINING, INC.

Principal Place of Business

Mailing Address

1935 LARGO ROAD
JACKSONVILLE, FL 32207

POB 5147
JACKSONVILLE, FL 32247

2. Principal Place of Business	2a. Mailing Address
21. 1935 LARGO ROAD	25. POB 5147
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State JACKSONVILLE, FL	28. City & State JACKSONVILLE, FL 32247
24. Zip 32207	29. Zip 32247
25. Country USA	30. Country USA

3. Date Incorporated or Qualified 03/13/1996	3a. Date of Last Report —
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
3974 WOODCOCK DR.
SUITE 100
JACKSONVILLE, FL 32207

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code

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

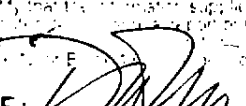
Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	PRESIDENT
NAME	MORFORD, DOLORES W	2. NAME	SAME
STREET ADDRESS	1935 LARGO ROAD	3. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	4. CITY - ST - ZIP	
TITLE		1. TITLE	
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE		1. TITLE	
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE		1. TITLE	
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE		1. TITLE	
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information supplied with this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and I am not a trustee, partner, or officer of any corporation, partnership, or other entity, and I am not a resident of any other state or foreign country.

SIGNATURE:  DOUGLAS H. MORFORD 4-30-98 (904) 359-8211

CR2E034 (9/96)