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May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

[redacted]

DOCUMENT # P96000022571 (9)

1. Corporation Name
NEUROCOGNITIVE TRAINING, INC.

Principal Place of Business: 1935 LARGO ROAD, JACKSONVILLE, FL 32207
Mailing Address: POB 5147, JACKSONVILLE, FL 32247

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	

2. Principal Place of Business	2a. Mailing Address
21 1935 LARGO ROAD	26 POB 5147
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL	28 City & State: JACKSONVILLE, FL 32247
24 Zip: 32207 / 25 Country: USA	29 Zip: 32247 / 30 Country: USA

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
84 City
85 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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1 TITLE	PRESIDENT ☑ Change ☐ Addition
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	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	LS 5.13
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	000002522820
STREET ADDRESS		3 STREET ADDRESS	-05/14/98--01010--007
CITY-ST-ZIP		4 CITY-ST-ZIP	***150.00

CR2E034 (9/96)

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 report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DOLORES W MORFORD 4-30-98 (904) 858-8211