

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000064313

**Entity Name:** SIMON PSYCHOLOGICAL SERVICES, INC.

**Current Principal Place of Business:**

3002 SE 1ST AVENUE  
BUILDING 200  
OCALA, FL 34471

**Current Mailing Address:**

3002 SE 1ST AVENUE  
BUILDING 200  
OCALA, FL 34471 US

**FEI Number:** 56-2591465

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TALKINGTON, ALISA S  
3002 SE 1ST AVENUE  
BUILDING 200  
OCALA, FL 34471 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	S
Name	TALKINGTON, ALISA S	Name	TALKINGTON, ALISA S
Address	3002 SE 1ST AVENUE BUILDING 200	Address	3002 SE 1ST AVENUE BUILDING 200
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	T		
Name	TALKINGTON, ALISA S		
Address	3002 SE 1ST AVENUE BUILDING 200		
City-State-Zip:	OCALA FL 34471		

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALISA SIMON TALKINGTON, PSY.D.

**PRESIDENT**

**01/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date