

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000042843

**Entity Name:** NORTHWEST FLORIDA PSYCHOLOGICAL SERVICES, P.A.

**Current Principal Place of Business:**

151 MARY ESTHER BOULEVARD  
SUITE 408  
MARY ESTHER, FL 32569

**Current Mailing Address:**

151 MARY ESTHER BOULEVARD  
SUITE 408  
MARY ESTHER, FL 32569

**FEI Number:** 27-2604024

**Certificate of Status Desired:** No

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

HARPER, RUDOLF W  
151 MARY ESTHER BOULEVARD  
SUITE 408  
MARY ESTHER, FL 32569 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           | VP                                      |
| Name            | HARPER, JULIE F                         | Name            | HARPER, RUDOLF W                        |
| Address         | 151 MARY ESTHER BOULEVARD,<br>SUITE 408 | Address         | 151 MARY ESTHER BOULEVARD,<br>SUITE 408 |
| City-State-Zip: | MARY ESTHER FL 32569                    | City-State-Zip: | MARY ESTHER FL 32569                    |

*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:** JULIE F HARPER

**PRESIDENT**

**03/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date