2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2016
Secretary of State
CC9290673047

DOCUMENT# P14000034646

Entity Name: NEUROPSYCHOLOGY INC.

Current Principal Place of Business:

3019 SAINT JOHNS AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

3019 SAINT JOHNS AVENUE
JACKSONVILLE, FL 32205

FEI Number: 46-5428105

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULTZ, CHAD CPA
1540 FLAGLER AVENUE
SUITE 2
JACKSONVILLE, FL 32207 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: CHAD SCHULTZ 03/30/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	KEYMER, ELIZABETH G
Address	3019 SAINT JOHNS AVENUE
City-State-Zip:	JACKSONVILLE FL 32205

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: ELIZABETH TANNAHILL GLEN KEYMER CLINICAL NEUROPSYCHOLOGIST 03/30/2016

Electronic Signature of Signing Officer/Director Detail — Date