

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000034646

Entity Name: NEUROPSYCHOLOGY INC.

Current Principal Place of Business:

3019 ST JOHNS AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

3019 ST JOHNS AVENUE
JACKSONVILLE, FL 32205 US

FEI Number: 46-5428105

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHULTZ, CHAD CPA
1450 FLAGLER AVE
7
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 SHULTZ

04/24/2024

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: KEYMER , ELIZABETH G

PRESIDENT

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date