

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35229

Entity Name: NEUROPSYCHOLOGY & COUNSELING SERVICES, P.A.

Current Principal Place of Business:

101 E MAUD STREET
TAVARES, FL 32778

Current Mailing Address:

101 E MAUD STREET
TAVARES, FL 32778 US

FEI Number: 59-3125296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTILL, KAREN K
101 E MAUD ST
TAVARES, FL 32778 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 D
Name ESTILL, KAREN K
Address 101 E MAUD ST
City-State-Zip: TAVARES FL 32778

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: KAREN K ESTILL

DIRECTOR

03/02/2019

Electronic Signature of Signing Officer/Director Detail

Date