

F 11000002377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

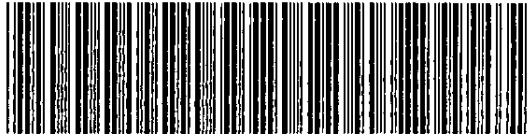
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 JUN -6 PM 3:25

for 6/7/11

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Christine B. Lloyd, Ph.D., PC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christine B. Lloyd, Ph.D.  
Name of Person  
The Neuropsychology Clinic  
Firm/Company  
555 Winderley Place, Suite 300  
Address  
Maitland, FL 32757  
City/State and Zip code  
clloyd@theneuropsychclinic.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine B. Lloyd at ( 407 ) 571-6830  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee *Revisedly paid*
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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11 JUN -6 AM 10:47

DIVISION OF CORPORATIONS

May 2, 2011

CHRISTINE B. LLOYD  
1428 WEATHERLY ROAD  
HUNTSVILLE, AL 35803

SUBJECT: CHRISTINE B. LLOYD, PH.D., PC DBA THE NEUROPSYCHOLOGY  
CLINIC)  
Ref. Number: W11000024382

We have received your document for CHRISTINE B. LLOYD, PH.D., PC DBA THE NEUROPSYCHOLOGY CLINIC) and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00010632

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN -6 PM 3:26

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Christine B. Lloyd, Ph.D., PC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama 3. 27-0795186  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 8, 2009 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2011  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 555 Winderley Place, Suite 300, Maitland, FL 32757  
(Principal office address)

555 Winderley Place, Suite 300, Maitland, FL 32757  
(Current mailing address)

8. Currently reside in Florida. Have practices in both Alabama and Florida.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Christine B. Lloyd

Office Address: 555 Winderley Place, Suite 300

Maitland, Florida 32757  
(City) (Zip code)

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10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Christine B. Lloyd

Address: 555 Winderley Place, Suite 300  
Maitland, FL 32757

FLORIDA  
SECRETARY OF STATE  
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Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Christine B. Lloyd

Address: 555 Winderley Place, Suite 300  
Maitland, FL 32757

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

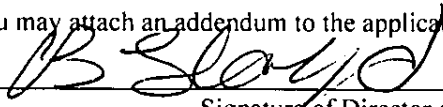
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Christine B. Lloyd, Chairman & President

(Typed or printed name and capacity of person signing application)

Beth Chapman  
Secretary of State

P. O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Christine B. Lloyd, Ph.D., PC was formed in Madison County, Alabama on April 17, 2009. The Alabama Entity Identification number for this entity is 260-739. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

4/26/2011

Date

*Beth Chapman*

Beth Chapman

Secretary of State