

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010649

FILED
Apr 07, 2008
Secretary of State

Entity Name: NEUROPSYCHOLOGY CENTER, PL

Current Principal Place of Business:

5153 NORTH 9TH AVENUE
SUITE 304
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5153 NORTH 9TH AVENUE
SUITE 304
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SANDERS, ABIGAIL K
1108-C NORTH 12TH AVENUE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIZILBASH, ALI
Address: 5153 NORTH 9TH AVENUE, SUITE 304
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALI KIZILBASH

MGR

04/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date