

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089289

FILED
Jan 20, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA NEUROPSYCHOLOGY, LLC

Current Principal Place of Business:

219 US HIGHWAY 27N
SEBRING, FL 33870 US

New Principal Place of Business:

4325 SUN 'N LAKE BLVD.
SUITE 103
SEBRING, FL 33872 US

Current Mailing Address:

4646 NADENA DRIVE
SEBRING, FL 33872 US

New Mailing Address:

4325 SUN 'N LAKE BLVD.
SUITE 103
SEBRING, FL 33872 US

FEI Number: 26-3391255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: MGRM () Delete
Name: CRUM, SUSAN
Address: 4646 NADENA DRIVE
City-St-Zip: SEBRING, FL 33872 US

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: SUSAN CRUM

MGRM

01/20/2009

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