

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089289

FILED
Mar 31, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA NEUROPSYCHOLOGY, LLC

Current Principal Place of Business:

505 S O-MUL-LA-OEE DR
SEBRING, FL 33870 US

New Principal Place of Business:

902 W MAIN ST
AVON PARK, FL 33825 US

Current Mailing Address:

505 S O-MUL-LA-OEE DR
SEBRING, FL 33870 US

New Mailing Address:

902 W MAIN ST
AVON PARK, FL 33825 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
Name: CRUM, SUSAN
Address: 902 W MAIN ST
City-St-Zip: AVON PARK, FL 33825 US

Title: MGR
Name: ROS-CARRETERO, JUAN MD
Address: 902 W MAIN ST
City-St-Zip: AVON PARK, FL 33825 US

Title: MGR
Name: SUSAN L. CRUM PHD
Address: 902 W MAIN ST
City-St-Zip: AVON PARK, FL 33825 US

I hereby 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

03/31/2011

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