

L30705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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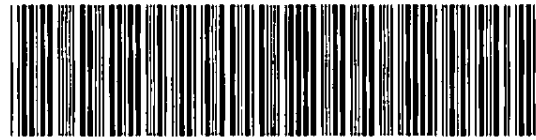
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Neurological Testing Centers of America, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** L30705

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kenneth Berg**

Name of Contact Person

**Neurological Testing Centers of America, Inc.**

Firm/Company

**9900 Stirling Road, Suite 303**

Address

**Cooper City, FL 33024**

City/State and Zip Code

**mberg@ntcainc.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kenneth Berg**

Name of Contact Person

at ( **954** ) **748 7474**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2018 SEP 25 PM 4:08  
CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Neurological Testing Centers of America, Inc.  
2. The principal office address: 9900 Stirling Road, Suite 303, Cooper City, FL 33024

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/20/1989 Document number: L30705

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kenneth Berg

10011 Pines Blvd Suite 201

Pembroke Pines, FL 33024

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kenneth Berg

9900 Stirling Road, Suite 303

P.O. Box NOT acceptable

Cooper City, FL 33024

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kenneth Berg  
Signature of an officer or director

Kenneth Berg-Director  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Kenneth Berg  
Signature of Registered Agent

9/20/2013  
Date

If signing on behalf of an entity:

Kenneth Berg  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

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