

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 26, 2007
Secretary of State

DOCUMENT# N06000012517

Entity Name: FLORIDA AUTISM CENTER OF EXCELLENCE, INC.**Current Principal Place of Business:**C/O TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301**New Principal Place of Business:**1321 MURFREESBORO PIKE
SUITE 702
NASHVILLE, TN 37217 US**Current Mailing Address:**C/O TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301**New Mailing Address:**1321 MURFREESBORO PIKE
SUITE 702
NASHVILLE, TN 37217 US**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POZZUOLI, EDWARD J ESQ
C/O TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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

OFFICERS AND DIRECTORS:Title: D () Delete
Name: CARNER, ZELDA DR
Address: 4496 GOLD RIDGE DRIVE
City-St-Zip: ELKTON, FL 33032 USTitle: D () Delete
Name: TEPPER, LETITIA
Address: 7009 SW 53RD LANE
City-St-Zip: MIAMI, FL 33155 USTitle: D () Delete
Name: CAROTHERS, MARY LOU
Address: 706 WAVERLY ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DCP (X) Change () Addition
Name: CLAYPOOL, MARK
Address: 1321 MURFREESBORO PIKE, SUITE 702
City-St-Zip: NASHVILLE, TN 37217 USTitle: DVP (X) Change () Addition
Name: SKELTON, BRYAN
Address: 1321 MURFREESBORO PIKE, SUITE 702
City-St-Zip: NASHVILLE, TN 37217 USTitle: DS (X) Change () Addition
Name: WHITFIELD, DON
Address: 1321 MURFREESBORO PIKE, SUITE 702
City-St-Zip: NASHVILLE, TN 37217 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON WHITFIELD

DS

06/26/2007

Electronic Signature of Signing Officer or Director

Date