

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012517

FILED
Apr 29, 2011
Secretary of State

Entity Name: FLORIDA AUTISM CENTER OF EXCELLENCE, INC.

Current Principal Place of Business:

1321 MURFREESBORO PIKE
SUITE 702
NASHVILLE, TN 37217 US

New Principal Place of Business:

Current Mailing Address:

1321 MURFREESBORO PIKE
SUITE 702
NASHVILLE, TN 37217 US

New Mailing Address:

FEI Number: 20-8247945

FEI Number Applied For ()

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: DCP
Name: CLAYPOOL, MARK
Address: 1321 MURFREESBORO PIKE, SUITE 702
City-St-Zip: NASHVILLE, TN 37217 US

Title: DVP
Name: SKELTON, BRYAN
Address: 1321 MURFREESBORO PIKE, SUITE 702
City-St-Zip: NASHVILLE, TN 37217 US

Title: DS
Name: WHITFIELD, DONALD
Address: 1321 MURFREESBORO PIKE, SUITE 702
City-St-Zip: NASHVILLE, TN 37217 US

I hereby 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 all other like empowered.

SIGNATURE: DONALD WHITFIELD

DS

04/29/2011

Electronic Signature of Signing Officer or Director

Date