

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008314

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** THE AMERICAN COLLEGE OF PROFESSIONAL NEUROPSYCHOLOGY, INC.

**Current Principal Place of Business:**

7800 S.W. 57TH AVENUE  
SUITE 310  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7800 S.W. 57TH AVENUE  
SUITE 310  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROWN, BARRY M  
7800 S.W. 57TH AVENUE  
SUITE 310  
SOUTH MIAMI, FL 33143 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  
Name: CROWN, BARRY M  
Address: 7800 S.W. 57TH AVENUE, SUITE 310  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D  
Name: REYNOLDS, CECIL  
Address: 555 E. 5TH STREET, APT. 3001  
City-St-Zip: AUSTIN, TX 78701

Title: D  
Name: LOWENTHAL, SHERYL J  
Address: 9130 S. DADELAND BOULEVARD, SUITE 1511  
City-St-Zip: MIAMI, FL 33156

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: BARRY M. CROWN

D

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date