

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090190

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: PSYCHOLOGICAL AND NEUROBEHAVIORAL SERVICES, P.A.

## Current Principal Place of Business:

107 MORNINGSIDE DRIVE  
SUITE A  
LAKELAND, FL 33803

## New Principal Place of Business:

4720 CLEVELAND HEIGHTS BOULEVARD  
SUITE 105  
LAKELAND, FL 33813

## Current Mailing Address:

107 MORNINGSIDE DRIVE  
SUITE A  
LAKELAND, FL 33803

## New Mailing Address:

4720 CLEVELAND HEIGHTS BOULEVARD  
SUITE 105  
LAKELAND, FL 33813

FEI Number: 59-3672109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENLEY, JR., BILL  
107 MORNINGSIDE DRIVE  
SUITE A  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

HENLEY, JR., BILL  
4720 CLEVELAND HEIGHTS BOULEVARD  
SUITE 105  
LAKELAND, FL 33813 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS DT ( ) Delete  
Name: HENLEY, BILL JR  
Address: 107 MORNINGSIDE DRIVE, SUITE A  
City-St-Zip: LAKELAND, FL 33803

Title: P ( ) Delete  
Name: HENLEY, TRACEY G  
Address: 107 MORNING SIDE DRIVE, SUITE A  
City-St-Zip: LAKELAND, FL 33803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS DT (X) Change ( ) Addition  
Name: HENLEY, BILL JR  
Address: 4720 CLEVELAND HEIGHTS BOULEVARD, SUITE 10  
City-St-Zip: LAKELAND, FL 33813

Title: P (X) Change ( ) Addition  
Name: HENLEY, TRACEY G  
Address: 4720 CLEVELAND HEIGHTS BOULEVARD, SUITE 10  
City-St-Zip: LAKELAND, FL 33813

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL HENLEY

V

04/24/2007

Electronic Signature of Signing Officer or Director

Date