

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000024651

FILED
Feb 22, 2002 8:00 AM
Secretary of State

Entity Name: ADULT & PEDIATRIC NEUROPSYCHOLOGY CENTER, P.A.

Current Principal Place of Business:

5225 CARMEL HEIGHTS DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

5153 N. NINTH AVENUE
SUITE 304
PENSACOLA, FL 32504

Current Mailing Address:

5225 CARMEL HEIGHTS DRIVE
PENSACOLA, FL 32504

New Mailing Address:

5153 N. NINTH AVENUE
SUITE 304
PENSACOLA, FL 32504

FEI Number: 59-3698322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON HAGEROTT, KAREN
5225 CARMEL HEIGHTS DRIVE
PENSACOLA, FL 32504

Name and Address of New Registered Agent:

HAGEROTT, KAREN PHD
5153 N. NINTH AVENUE
SUITE 304
PENSACOLA, FL 32504

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: KAREN HAGEROTT

02/22/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ().

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATTERSON HAGEROTT, KAREN
Address: 5225 CARMEL HEIGHTS DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: KIZILBASH, ALIEN H
Address: 5225 CARMEL HEIGHTS DRIVE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PHD (X) Change () Addition
Name: HAGEROTT, KAREN
Address: 5153 N. NINTH AVENUE, SUITE 304
City-St-Zip: PENSACOLA, FL 32504

Title: PHD (X) Change () Addition
Name: KIZILBASH, ALI H
Address: 5153 N. NINTH AVENUE, SUITE 304
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN HAGEROTT

PHD

02/22/2002

Electronic Signature of Signing Officer or Director

Date