2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P02000027281

Entity Name: NORTH FLORIDA PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

2711 NW 6TH STREET
SUITE E
GAINESVILLE, FL 32609

New Principal Place of Business:

421 ST. JOHN'S AVENUE
SUITE 106
PALATKA, FL 32177

Current Mailing Address:

2711 NW 6TH STREET
SUITE E
GAINESVILLE, FL 32609

New Mailing Address:

421 ST. JOHN'S AVENUE
SUITE 106
PALATKA, FL 32177

FEI Number: 56-2305174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEGUM, LOUIS PH.D
2711 NW 6TH STREET
SUITE E
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

LEGUM, LOUIS PH.D
421 ST. JOHN'S AVENUE
SUITE 106
PALATKA, FL 32177 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: _____ 04/16/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: LEGUM, LOUIS PH.D.
Address: 2711 NORTH WEST 6TH STREET SUITE E
City-St-Zip: GAINESVILLE, FL 32609 US

Title: MRS ( ) Delete
Name: MORRISON, PATRICIA
Address: 2711 NORTH WEST 6TH STREET SUITE E
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: LEGUM, LOUIS PH.D.
Address: 421 ST. JOHN'S AVENUE, SUITE 106
City-St-Zip: PALATKA, FL 32177 US

Title: MRS (X) Change ( ) Addition
Name: MORRISON, PATRICIA
Address: 421 ST. JOHN'S AVENUE, SUITE 106
City-St-Zip: PALATKA, FL 32177

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: PATRICIA MORRISON MRS. 04/16/2008
Electronic Signature of Signing Officer or Director — Date