

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095611

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** NEUROPSYCHOLOGICAL ASSOCIATES OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

8200 COLLEGE PKWY SUITE 201A  
FT MYERS, FL 33919

**New Principal Place of Business:**

8200 COLLEGE PKWY  
SUITE 201A  
FT MYERS, FL 33919

**Current Mailing Address:**

8200 COLLEGE PKWY SUITE 201A  
FT MYERS, FL 33919

**New Mailing Address:**

8200 COLLEGE PKWY  
SUITE 201A  
FT MYERS, FL 33919

**FEI Number:** 56-2462537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

SCHENGBER, STEPHEN P PSY.D.  
8200 COLLEGE PKWY  
SUITE 201A  
FORT MYERS, FL 33919 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:** STEPHEN P. SCHENGBER

04/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** SCHENGBER, STEPHEN P  
**Address:** 8200 COLLEGE PKWY SUITE 201A  
**City-St-Zip:** FT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR. (X) Change ( ) Addition  
**Name:** SCHENGBER, STEPHEN P  
**Address:** 8200 COLLEGE PKWY SUITE 201A  
**City-St-Zip:** FT MYERS, FL 33919

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:** STEPHEN P. SCHENGBER

DR.

04/29/2005

Electronic Signature of Signing Officer or Director

Date