

PO4000095611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

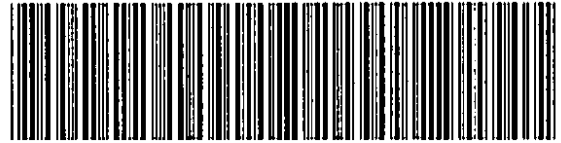
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900362423389

03/26/21--01014--027 **35.00

FILED

2021 MAR 26 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FL

CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Neuropsychological Associates of South Florida, P.A.
Name of Corporation

DOCUMENT NUMBER: P04000095611

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda O. Flores

Name of Contact Person

Firm/Company

2390 Tamiami Trail North, Suite 202

Address

Naples, Florida 34103

City/State and Zip Code

Linda@trustnaples.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Flores

Name of Contact Person

at (239)

293-5160

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Neuropsychological Associates of South Florida, P.A.
2. The principal office address: 8660 College Parkway, Fort Myers, Florida 33919
3. The mailing address (if different): 2390 Tamiami Trail North, Suite 202, Naples, Florida 34103
4. Date of incorporation/qualification: June 23, 2004 Document number: P04000095611
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Stephen P. Schengber, PhD (deceased)

8660 College Parkway - Ste. 310

Fort Myers, Florida 33919

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Linda O. Flores

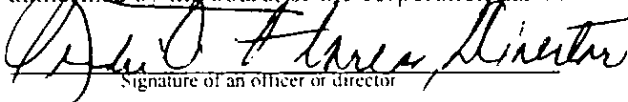
2390 Tamiami Trail North, Suite 202

P.O. Box NOT acceptable

Naples, Florida 34103

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

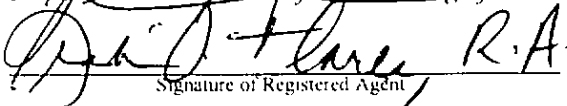
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Linda O. Flores, Director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

3/11/2021

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

FILED
2021 MAR 26 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FL