

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135935

FILED  
Apr 07, 2007  
Secretary of State

Entity Name: NEUROBEHAVIORAL SERVICES, INC.

**Current Principal Place of Business:**

2801 PONCE DE LEON BLVD.  
SUITE 780  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14-2064  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

FEI Number: 57-1214786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERRERA, JORGE A  
2801 PONCE DE LEON BLVD.  
SUITE 780  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERRERA, JORGE A  
Address: PONCE DE LEON BLVD., #780  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP ( ) Delete  
Name: DIEGUEZ, NORA  
Address: 2801 PONCE DE LEON BLVD., #780  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S ( ) Delete  
Name: VILCHES, ADRIANA D  
Address: 2801 PONCE DE LEON BLVD, #780  
City-St-Zip: CORAL GABLES, FL 33134 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NORA DIEGUEZ

VP

04/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date