

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064313

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** SIMON PSYCHOLOGICAL SERVICES, INC.

**Current Principal Place of Business:**

6455 SW 64TH AVENUE  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 773116  
OCALA, FL 34477 US

**New Mailing Address:**

FEI Number: 56-2591465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TALKINGTON, ALISA S  
6455 SW 64TH AVENUE  
OCALA, FL 34474 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TALKINGTON, ALISA S  
Address: PO BOX 773116  
City-St-Zip: Ocala, FL 34477 US

Title: S  
Name: TALKINGTON, ALISA S  
Address: POST OFFICE BOX 773116  
City-St-Zip: Ocala, FL 34477 US

Title: T  
Name: TALKINGTON, ALISA S  
Address: POST OFFICE BOX 773116  
City-St-Zip: Ocala, FL 34477 US

I hereby 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 all other like empowered.

SIGNATURE: ALISA SIMON TALKINGTON

DR

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date