2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2011
Secretary of State

DOCUMENT# P10000000157

Entity Name: NEUROPSYCHOLOGY CONSULTANTS, PA

Current Principal Place of Business:

3030 MARCOS DRIVE
T 105
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

3030 MARCOS DRIVE
T 105
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 27-1582233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, MARIA A
16291 NW 12 STREET
PEMBROKE PINES, FL 33028 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: CURIEL, ROSIE E
Address: 16291 NW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP
Name: CID, IVAN
Address: 16291 NW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S
Name: CRUZ, MARIA A
Address: 16291 NW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: ROSIE E. CURIEL PRES 03/24/2011

Electronic Signature of Signing Officer or Director Date