

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000046367

FILED
Mar 21, 2011
Secretary of State

Entity Name: NEUROPSYCHOLOGY AND BEHAVIORAL HEALTH ASSOCIATES, P.A.

Current Principal Place of Business:

100 N. WASHINGTON BLVD.
102
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

100 N. WASHINGTON BLVD.
102
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 27-2778189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINEGAR, ROBERT K
100 N. WASHINGTON BLVD.
102
SARASOTA, FL 34236 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: CEO
Name: WINEGAR, ROBERT K
Address: 100 N. WASHINGTON BLVD., SUITE 102
City-St-Zip: SARASOTA, FL 34236

Title: TRES
Name: KAPLAN, PETER
Address: 100 N. WASHINGTON BLVD., SUITE 102
City-St-Zip: SARASOTA, FL 34236

Title: DIR.
Name: SPELLMAN, MICHAEL
Address: 12587 NEW BRITTANY BLVD., SUITE 21
City-St-Zip: FT. MYERS, FL 33907

Title: S
Name: KAPLAN, PETER
Address: 100 N. WASHINGTON BLVD 102
City-St-Zip: SARASOTA, FL 34236

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: DR. ROBERT WINEGAR

CEO

03/21/2011

Electronic Signature of Signing Officer or Director

Date