

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000046367

FILED  
Mar 25, 2012  
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:**

1991 HYDE PARK ST  
SARASOTA, FL 34239

**Current Mailing Address:**

100 N. WASHINGTON BLVD.  
102  
SARASOTA, FL 34236

**New Mailing Address:**

1991 HYDE PARK ST  
SARASOTA, FL 34239

**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:**

WINEGAR, ROBERT K  
1991 HYDE PARK ST  
SARASOTA, FL 34239 US

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:

03/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WINEGAR, ROBERT K  
Address: 1991 HYDE PARK ST  
City-St-Zip: SARASOTA, FL 34239

Title: TRES  
Name: KAPLAN, PETER  
Address: 1991 HYDE PARK ST  
City-St-Zip: SARASOTA, FL 34239

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: 1991 HYDE PARK ST  
City-St-Zip: SARASOTA, FL 34239

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

03/25/2012

Electronic Signature of Signing Officer or Director

Date