

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017431

FILED
Apr 10, 2007
Secretary of State

Entity Name: NEUROPSYCHOLOGY & BEHAVIORAL HEALTH CONSULTANTS, INC.

Current Principal Place of Business:

1211 STATE ROAD 436
SUITE 113
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

1211 STATE ROAD 436
SUITE 113
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-3229069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADDIX, CASEY R
1211 STATE ROAD 436
SUITE 113
CASSELBERRY, FL 32707 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: PRES () Delete
Name: HADDIX, CASEY R
Address: 1211 STATE ROAD 436, SUITE 113
City-St-Zip: CASSELBERRY, FL 32707

Title: VPRE () Delete
Name: HADDIX, HEATHER L
Address: 1211 STATE ROAD 436, SUITE 113
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CASEY R. HADDIX

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date