FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000022571 (9)**

NC 3/24/97

1. Corporation Name
NEUROPSYCHOLOGICAL ASSOCIATES, INC.
AS OF WEEK OF 3/24/97 NAME CHANGED TO:
NEUROCOGNITIVE TRAINING, INC.

[redacted]

Principal Place of Business
~~3604 UNIVERSITY BLVD SOUTH, SUITE 7~~
~~JACKSONVILLE FL 32216~~
1935 LARGO ROAD
JACKSONVILLE, FL 32207

Mailing Address
~~3604 UNIVERSITY BLVD SOUTH, SUITE 7~~
~~JACKSONVILLE FL 32216-4300~~
POB 5147
JACKSONVILLE, FL 32247

3. Date Incorporated or Qualified: 03/13/1996
3a. Date of Last Report: —

2. Principal Place of Business
21 1935 LARGO ROAD
Suite, Apt. #, etc. 22
City & State 23 JACKSONVILLE, FL
Zip 24 32207 Country 25 USA

2a. Mailing Address
26 POB 5147
Suite, Apt. #, etc. 27
City & State 28 JACKSONVILLE, FL 32247
Zip 29 32247 Country 30 USA

4. FEI Number: 59-3365320 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MORFORD, DOUGLAS H
~~200 W FORSYTH ST, SUITE 1600~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3974 WOODCOCK DR.
83 SUITE 100
84 City JACKSONVILLE FL 85 Zip Code 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: MORFORD, DOLORES W
STREET ADDRESS: 3604 UNIVERSITY BLVD SOUTH, SUITE 7
CITY-ST-ZIP: JACKSONVILLE FL 32216
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT ☒ Change ☐ Addition
1.2 NAME: SAME
1.3 STREET ADDRESS: 1935 LARGO ROAD
1.4 CITY-ST-ZIP: JACKSONVILLE, FL 32207

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

900002137389
-04/09/97--01028--007
***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DOLORES W. MORFORD 3/27/97 (904) 399-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)

0035117