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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000090486

1. Corporation Name

SYNDICATE OF NEUROLOGIC AND PSYCHIATRIC EDUCATOR
S, INC.

Principal Place of Business
5315 JOHNS RD., STE. 201
TAMPA FL 33634

Mailing Address
5315 JOHNS RD., STE. 201
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

APPLIED FOR 59-3524873

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

SIMON, JODY
5313 JOHNS RD., STE. 201
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SIMON, JODY
STREET ADDRESS 5313 JOHNS RD., STE. 201
CITY-ST-ZIP TAMPA FL 33634

TITLE D ☐ DELETE
NAME DAGOSTINO, FRANK
STREET ADDRESS 5313 JOHNS RD., STE. 201
CITY-ST-ZIP TAMPA FL 33634

TITLE D ☐ DELETE
NAME COHEN, LAWRENCE
STREET ADDRESS 5313 JOHNS RD., STE. 201
CITY-ST-ZIP TAMPA FL 33634

TITLE D ☐ DELETE
NAME CRISMON, M. LYNN
STREET ADDRESS 5313 JOHNS RD., STE. 201
CITY-ST-ZIP TAMPA FL 33634

TITLE D ☐ DELETE
NAME ERESHEFSKY, LAWRENCE
STREET ADDRESS 5313 JOHNS RD., STE. 201
CITY-ST-ZIP TAMPA FL 33634

TITLE D ☐ DELETE
NAME JACKSON, CHERRY
STREET ADDRESS 5313 JOHNS RD., STE. 201
CITY-ST-ZIP TAMPA FL 33634

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/15/99

813-261-0062

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da time Phone #

CR2E034 (11/98)