## 2007 FOR PROFIT CORPORATION

## Feb 01, 2007 8:00 am **Secretary of State ANNUAL REPORT** 02-01-2007 90034 003 \*\*\*150.00 DOCUMENT # P99000009234 SUNCOAST NEUROPSYCHOLOGY LABORATORIES. INC. Principal Place of Business Mailing Address 1605 MAIN STREET STE, 1001 1605 MAIN STREET STE, 1001 40008424 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0890895 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSMITH, STANLEY A 1605 MAIN STREET STE. 1001 Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST DPST Joseph J. TITLE Delete TITLE Change ☐ Addition NAME SESTA, JOSEPH J 135 Aprilo Berich Blod # 503 STREET ADDRESS 5227 BRIGHTON SHORE DRIVE STREET ADDRESS CITY-ST-ZIP APOLLO BEACH, FL 33572 CITY-ST-ZIP Apollo Beach FL 33572 TITLE . ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE C Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attaphment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: