## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 96524

Neuropsychological Associates of Central Flank

FILED
Mar 11 1998 8:00am
Secretary of State

The state of the s			
Principal Place of Business 1155 LOUISIANA Are 1155 Louisiana Ave.			
Maja poolesis jet iki			
suite 110 Suite 110		DO NOT WRITE IN THIS SPACE	
Winter Park, Aa. 32789 Winter Park, Ac. 32789		3. Date Incorporated or Qualified	
rincipal Place of Business 2a. Mailing Address		4. FEI Number 314 7924	Applied For
			Not Applicable  \$8.75 Additional
27		5. Certificate of Status Desired	Fee Required
27   27   City & State   City & State	, · · · · · · · · · · · · · · · · ·		\$5.00 May Be
Zip         Country         Zip	Zip Country Zip Country		Added to Fees
	30	<ol> <li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li> </ol>	Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
0.1	81 Name		
rnchard, N. Curne C., 82 Street Address		ss (P.O. Box Number is Not Acceptable)	, , , , , , , , , , , , , , , , , , ,
Prichard, N. Currje 1155 Louisiana Ave. Suite 110	83		
(135 POUISION A 100			
Winter Park, Ala. 32789	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, Flori	ida Statutes	• , , ,	,
SIGNATURE Signalure typed or point it have on the potential upon about the it applicable (NOTE	Registered Agent's gnature requires	t when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE DELETE	11 TITLE		☐ Change ☐ Addition
NAME prichard, N. Witte,	: 12 NAME		
STREET ADDRESS 1155 LOUISIANA AVE # 110	13 STREET ADDRESS		
TITLE VIS DELETE	1.4 CITY - ST - 7/P		☐ Change ☐ Addition
	2 2 NAME		
NAME Falcone, Anthony M. STREET ADDRESS USS LOUISIANA Are +110	23 STREET ADDRESS		
CITY-SI-ZIP Winter Park, Ag. 32789	2 4 CITY - ST - 7/P		
TITLE CT	3.1 TITLE		☐ Change ☐ Addition
MAME Isbister, Christian	3 2 NAME		
Tsbister, Christian STREET ADDRESS CITY-ST-ZIP WINTER Park, Ag. 32789	3 3 STREET ADDRESS	•	
TITLE WINTES PACE, HG. SEPET	3.4 CITY+ST+ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-S1-7IP	4.4 CITY - ST - ZIP		
TITLE DELETE	5.1 TITUE		Change
NAME	5.2 NAME		41/8/11
STREET ADDRESS	5 3 STREET ADDRESS	_	ויז שן
CITY-ST-ZIP	5.4 CITY - ST - 7IP		☐ Change ☐ Addition
	6.1 TIBLE 6.2 NAME	2000024541	
NAME STREET ADDRESS	6.2 NAME 6.3 STREET ADDRESS	-03/11/9801024	035
CITY-ST-ZIP	6 4 CITY - ST - ZIP	***150.00	
viii vi ki		440 07/01/01 Ft 241 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

indicated on this annual report or supplements' 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** 

· Currie Prichard

3598

32E034 (10/97)