

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


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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90063 018 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S65242			
1. Corporation Name NEUROPSYCHOLOGICAL ASSOCIATES OF CENTRAL FLORIDA INCORPORATED			
Principal Place of Business 1155 LOUISIANA AVENUE SUITE 110 WINTER PARK FL 32789 US		Mailing Address 1155 LOUISIANA AVENUE SUITE 110 WINTER PARK FL 32789 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRICHARD, CURRIE N 1155 LOUISIANA AVENUE STE 110 WINTER PARK FL 32789		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
FL		FL	
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	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PRICHARD, N. CURRIE	1.1 TITLE	
STREET ADDRESS	1155 LOUISIANA AVENUE, STE 110	1.2 NAME	
CITY-ST-ZIP	WINTER PARK FL 32789	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	FALCONE, ANTHONY M.	2.2 NAME	
STREET ADDRESS	1155 LOUISIANA AVENUE, STE 110	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	ISBISTER, CHRISTIAN	3.2 NAME	
STREET ADDRESS	1155 LOUISIANA AVENUE, STE 110	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)