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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90063 018 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$65242

Principal Place of Business

NEUROPSYCHOLOGICAL ASSOCIATES OF CENTRAL FLORIDA **INCORPORATED**

Mailing Address

1155 LOUISIANA AVENUE SUITE 110 WINTER PARK FL 32789 US		1155 LOUISIANA AVENUE SUITE 110 WINTER PARK FL 32789 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/10/1991				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		<u> </u>	oplied For
21		26		59-3147924			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		·	Additional	
22		27						equired
City & State		City & State	City & State		6. Election Campaign Financin	g 🖸		May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	¬ ' — '		8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes □ No			
24	25	1 <u></u> -	0		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	81	I N	10. Name and Address of Nev	/ Registered A	gent	5
DDIC	HADD CLIDDIE N		81	Name				
PRICHARD, CURRIE N 1155 LOUISIANA AVENUE			82	Street A	Address (P.O. Box Number is Not Acce	ptable)	Walk a Ballage	e esta esta esta esta esta esta esta est
STE 110			83		7. V. V. V. Hillian	138 21 13	1.26.336	
WINT	ER PARK FL 32789		84	0:4		10:14 (P) 716 A.I	85 Zip	Code
			84	City		FL.	65 Zip	Code
office or re agent. I ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State orn familiar with, and accept the obligati Signature, typed or printed name of registered agent	Florida. Such change was aut ons of, Section 607.0505, Florid	horized by la Statutes	the corpo	corporation submits this statement for the tration's board of directors. I hereby acceptainties because the statement for the statement for the translation of the statement for the statement of the statement of the statement for the statement of the statement o	ne purpose of cleept the appoint	ment as re	registered gistered
	Signature, typed or printed name of registered agent OFFICERS AND		13.	in signatura re	ADDITIONS/CHANGES TO C		DIRECTO	ORS IN 12
TITLE	PD OFFICERS AINE	DELETE	1.1 TITLE	1	ADDITIONO/OTIANOZO TO C		☐ Change	Addition
	PRICHARD, N. CURRIE		1.2 NAME					
NAME	1155 LOUISIANA AVENUE, STE	110		T ADDRESS				
STREET ADDRESS		110		!				
CITY-ST-ZIP	WINTER PARK FL 32789	DELETE	1.4 CITY-5	31-ZIP	Market Market		Change	Addition
TITLE	VD	□ pere⊥e	2.1 TT/LE				on.ange	
NAME	FALCONE, ANTHONY M.	440	2.2 NAME			•		
STREET ADDRESS	1155 LOUISIANA AVENUE, STE	110		TADDRESS	. '		٠.	
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 CITY-	ST-ZIP		<u>·</u>	☐ Change	Addition
TITLE .	ŞT	☐ DELETE	3.1 TITLE					☐ Addition
NAME	ISBISTER, CHRISTIAN		3.2 NAME					
STREET ADDRESS	1155 LOUISIANA AVENUE, STE	110	3.3 STREE	TADDRESS			317 3 11	机等组织
CITY-ST-ZIP	WINTER PARK FL 32789	· _ · _	3.4, CITY-	ST-ZIP			- 411	F-124 A-84
TITLE	•	☐ DELETE	4.1 TITLE		• • • •	100	Change	*!€, [☐ Addition
NAME			4.2 NAME					•
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	· · · · · · · · · · · · · · · · · · ·			- Addising
TITLE		☐ DELETE	5.1 TITLE		1		☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			1	T ADDRESS	÷.			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-5	T-ZIP			min a	
TITLE		☐ DELETE	6.1 TITLE	ļ			Change	☐ Addition
NAME			6.2 NAME	ļ				
STREET ADDRESS			6.3 STREE	TADORESS				

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: