


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # S65242 1. Entity Name NEUROPSYCHOLOGICAL ASSOCIATES OF CENTRAL FLORIDA INCORPORATED	
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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
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DO NOT WRITE IN THIS SPACE

05262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3147924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PRICHARD, CURRIE N
1155 LOUISIANA AVENUE
STE 110
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE: **6-1-05**

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICHARD, N. CURRIE 1155 LOUISIANA AVENUE, STE 110 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST FALÇONE, ANTHONY M. 1155 LOUISIANA AVENUE, STE 110 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/03/05-80005-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **6-1-05**

Daytime Phone #: