

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # S65242

1. Entity 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**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3147924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

N. Currie Prichard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-21-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VDST
NAME FALCONE, ANTHONY M.
STREET ADDRESS 1155 LOUISIANA AVENUE, STE 110
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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01/28/08-80032-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08 407 740 0134

Date

Daytime Phone #