

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65242

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** NEUROPSYCHOLOGICAL ASSOCIATES OF CENTRAL FLORIDA INCORPORATED

**Current Principal Place of Business:**

1155 LOUISIANA AVENUE  
SUITE 110  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

1177 LOUISIANA AVENUE  
SUITE 102  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

1155 LOUISIANA AVENUE  
SUITE 110  
WINTER PARK, FL 32789 US

**New Mailing Address:**

1177 LOUISIANA AVENUE  
SUITE 102  
WINTER PARK, FL 32789 US

**FEI Number:** 59-3147924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PRICHARD, CURRIE N  
1177 LOUISIANA AVENUE  
STE 102  
WINTER PARK, FL 32789 US

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.

SIGNATURE:

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PRICHARD, N. CURRIE  
Address: 1177 LOUISIANA AVENUE, STE 102  
City-St-Zip: WINTER PARK, FL 32789

Title: VDST  
Name: FALCONE, ANTHONY M.  
Address: 1177 LOUISIANA AVENUE, STE 102  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY M. FALCONE

VDST

01/13/2011

Electronic Signature of Signing Officer or Director

Date