

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05926

FILED
Apr 23, 2009
Secretary of State

Entity Name: HIVEMIND NEUROPSYCHOLOGICAL SERVICES, P.A.

Current Principal Place of Business:

9951 ATLANTIC BLVD.#170
JACKSONVILLE, FL 32225

New Principal Place of Business:

9951 ATLANTIC BLVD.
SUTTE 170
JACKSONVILLE, FL 32225

Current Mailing Address:

9951 ATLANTIC BLVD.#170
JACKSONVILLE, FL 32225

New Mailing Address:

4823 MARSH HAMMOCK DR. E
JACKSONVILLE, FL 32224

FEI Number: 59-3101007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEE, VAL
9951 ATLANTIC BLVD # 170
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

BEE, VAL
4823 MARSH HAMMOCK DR. E
JACKSONVILLE, FL 32224 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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEE, VAL
Address: 4823 MARSH HAMMOCK DR E
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VAL BEE

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date