

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05926

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** HIVEMIND NEUROPSYCHOLOGICAL SERVICES, P.A.

**Current Principal Place of Business:**

9951 ATLANTIC BLVD.  
SUITE 170  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

9951 ATLANTIC BLVD.  
SUITE 170  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

4823 MARSH HAMMOCK DR. E  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**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  
4823 MARSH HAMMOCK DR. E  
JACKSONVILLE, FL 32224 US

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

BEE, VAL J  
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: V. BEE

02/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BEE, VAL  
Address: 4823 MARSH HAMMOCK DR E  
City-St-Zip: JACKSONVILLE, FL 32224

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: V. BEE

PRES

02/19/2010

Electronic Signature of Signing Officer or Director

Date