

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V35229

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** NEUROPSYCHOLOGY & COUNSELING SERVICES, P.A.

**Current Principal Place of Business:**

101 E MAUD STREET  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 E MAUD STREET  
TAVARES, FL 32778 US

**New Mailing Address:**

**FEI Number:** 59-3125296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTILL, KAREN  
101 E MAUD ST  
TAVARES, FL 32778 US

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

ESTILL, KAREN K  
101 E MAUD ST  
TAVARES, FL 32778 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:** KAREN ESTILL

02/02/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ESTILL, KAREN K  
**Address:** 101 E MAUD ST  
**City-St-Zip:** TAVARES, FL 32778

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:** KAREN K ESTILL

PRES

02/02/2010

Electronic Signature of Signing Officer or Director

Date