2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: CAPSTONE ADAPTIVE LEARNING AND THERAPY CENTERS, INC.

Current Principal Place of Business:

2912 NORTH E ST.
PENSACOLA, FL 32501

Current Mailing Address:

2912 NORTH E ST.
PENSACOLA, FL 32501

FEI Number: 59-0737912

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITE, SHERRY A.
2912 NORTH E STREET
PENSACOLA, FL 32501 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	OFFICER
Name	HUGGINS, BRAD W
Address	2912 NORTH E STREET
City-State-Zip:	PENSACOLA FL 32501

Title	OFFICER
Name	ARRINGTON, JAMEL E
Address	2912 NORTH E STREET
City-State-Zip:	PENSACOLA FL 32501

Title	TREASURER
Name	WEBB, RAISA
Address	2912 NORTH E ST.
City-State-Zip:	PENSACOLA FL 32501

Title	VC
Name	ANDERSON, LARRY
Address	2912 NORTH E ST.
City-State-Zip:	PENSACOLA FL 32501

Title	OFFICER
Name	BELL, BRIAN
Address	2912 NORTH E ST.
City-State-Zip:	PENSACOLA FL 32501

Title	PRESIDENT
Name	WHITE, SHERRY A
Address	2912 NORTH E STREET
City-State-Zip:	PENSACOLA FL 32501

Title	CHAIRMAN
Name	SMITH, NORMAN D
Address	2912 NORTH E STEET
City-State-Zip:	PENSACOLA FL 32301

Title	SECRETARY
Name	HAMILTON, SHERI K.
Address	2912 NORTH E ST.
City-State-Zip:	PENSACOLA FL 32501

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN D. SMITH CHAIRMAN 03/02/2015

Electronic Signature of Signing Officer/Director Detail — Date