

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000061869

Entity Name: MIAMI NEUROPSYCHOLOGICAL SERVICES INC

Current Principal Place of Business:

1562 SW 144 AVE
MIAMI, FL 33184

Current Mailing Address:

1562 SW 144 AVE
MIAMI, FL 33184 US

FEI Number: 47-1416830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEON INFANTE, YADELY
1562 SW 144 AVE
MIAMI, FL 33184 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	P	Title	VP
Name	LEON INFANTE, YADELY	Name	MIRANDA, IBRAHIN
Address	1562 SW 144 AVE	Address	1562 SW 144 AVE
City-State-Zip:	MIAMI FL 33184	City-State-Zip:	MIAMI FL 33184

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: YADELY LEON INFANTE

PRESIDENT

05/01/2016

Electronic Signature of Signing Officer/Director Detail

Date