

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000161929

Entity Name: BAY AREA NEUROPSYCHOLOGY, LLC

Current Principal Place of Business:

3608 WEST AZEELE STREET
SUITE 103
TAMPA, FL 33609

Current Mailing Address:

P.O. BOX 320002
TAMPA, FL 33679 US

FEI Number: 46-1656950

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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

Authorized Person(s) Detail :

Title MGRM
Name INGULLI, LAMAR
Address 493 LUCERNE AVENUE
City-State-Zip: TAMPA FL 33606

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAMAR INGULLI

MANAGER

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date