2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P99000036930

Entity Name: CLINICAL NEUROSCIENCE SOLUTIONS, INC.

Current Principal Place of Business:

6750 TURKEY LAKE ROAD
SUITE 3
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6750 TURKEY LAKE ROAD
SUITE 3
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3602109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCHER, STEPHEN B ESQ
315 E. ROBINSON STREET
SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEST, SCOTT
Address: 5401 S. KIRKMAN RD., SUITE 480
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WEST, SCOTT
Address: 6750 TURKEY LAKE ROAD, SUITE 3
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT WEST P 02/09/2009

Electronic Signature of Signing Officer or Director — Date