

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036930

FILED
Jan 06, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: KEARNEY, DAN
Address: 6750 TURKEY LAKE ROAD 3RD FLOOR
City-St-Zip: ORLANDO, FL 32819

Title: VP
Name: WOOD, TERRIE
Address: 6750 TURKEY LAKE ROAD THIRD FLOOR
City-St-Zip: ORLANDO, FL 32819

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: SCOTT WEST

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date