

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 018 ***150.00

DOCUMENT # **559739**

1. Entity Name

SENSORY NEURODIAGNOSTICS, INC.

DO NOT WRITE IN THIS SPACE

80061883

2. Principal Place of Business

17734 LAKE KEY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

17734 LAKE KEY DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ODESSA, FLA.

City & State

ODESSA, FLA.

4. FEI Number

59-3070916

Applied For

Not Applicable

Zip

Country

33556 U.S.A.

Zip

Country

33556 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT MORGENROTH

Street Address (P.O. Box Number is Not Acceptable)

17734 LAKE KEY DRIVE

City

ODESSA

FL

Zip Code

33356

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IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRESIDENT
ROBERT MORGENROTH
17734 LAKE KEY DRIVE
ODESSA,**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Morgenroth - ROBERT MORGENROTH

3-20-02 (813) 926-0545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)