


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90371 009 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P01000111917			
<b>1. Entity Name</b> NEURO SERVICES, INC.			
<b>Principal Place of Business</b> 1086 SE ALBATROSS AVE. PORT ST. LUCIE FL 34983		<b>Mailing Address</b> 1086 SE ALBATROSS AVE. PORT ST. LUCIE FL 34983	
<b>2. Principal Place of Business</b> 2081 SW RACQUET CLUB DR. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2081 SW RACQUET CLUB DR. Suite, Apt. #, etc.	
<b>City &amp; State</b> PALM CITY, FL		<b>City &amp; State</b> PALM CITY, FL	
<b>Zip</b> 34990		<b>Country</b> MARTIN	
<b>4. FEI Number</b> 65-1149167		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> TROUST, THOMAS P 1086 SE ALBATROSS AVE PORT ST. LUCIE FL 34983		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> TROUST, THOMAS P 1086 SE ALBATROSS AVE PORT SAINT LUCIE FL 34983 2081 SW RACQUET CLUB DR PALM CITY, FL 34990	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> PAPINEAU, ELIZABETH A 1086 SE ALBATROSS AVE PORT SAINT LUCIE FL 34983 2081 SW RACQUET CLUB DR PALM CITY, FL 34990	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b>		<b>SIGNATURE REQUIRED</b> TROUST, THOMAS P 5/5/03 (772) 285-5283	

CR2004 (10/02)