

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000036700

**Entity Name:** NEURORESEARCH CLINICS, INC.

**Current Principal Place of Business:**

1008 DOLPHIN DRIVE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1008 DOLPHIN DRIVE  
CAPE CORAL, FL 33904 US

**FEI Number:** 27-2385145

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HINZ, MARTIN C  
1008 DOLPHIN DRIVE  
CAPE CORAL, FL 33904 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

**Officer/Director Detail :**

Title P  
Name HINZ, MARTIN C  
Address 938 DOLPHIN DRIVE  
City-State-Zip: CAPE CORAL FL 33904

Title TR  
Name HINZ, JEREMY M  
Address 4823 CARIBOU LAKE RD  
City-State-Zip: SAGINAW MN 55779

Title VP  
Name HINZ, MARTIN CIII  
Address 6042 OLD MILLER TRUNK HWY  
City-State-Zip: DULUTH MN 55811

Title S  
Name HINZ, AARON M  
Address 415 N 59TH AVE W  
City-State-Zip: DULUTH M 55807

*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:** MARTIN HINZ, MD

**PRES**

**01/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date