

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 388362

Entity Name: NEUROTRONICS, INC.

FILED  
Jan 11, 2008  
Secretary of State

## Current Principal Place of Business:

912 NE 2ND STREET  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

## Current Mailing Address:

20825 NE 132 AVENUE  
WALDO, FL 32694

## New Mailing Address:

912 NE 2ND STREET  
GAINESVILLE, FL 32601 US

FEI Number: 59-1410850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JACK R  
20825 NE 132 AVENUE  
WALDO, FL 32694 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: CSD ( ) Delete  
Name: SMITH, DARI  
Address: 700 S.W. 16TH PLACE  
City-St-Zip: GAINESVILLE, FL

Title: PD ( ) Delete  
Name: SMITH, JACK  
Address: 20825 NE 132 AVENUE  
City-St-Zip: WALDO, FL 32697

Title: VD ( ) Delete  
Name: MCCARTHY-SMITH, EILEEN  
Address: 20825 NE 132 AVENUE  
City-St-Zip: WALDO, FL 32697

Title: C ( ) Delete  
Name: SHANAHAN, STACI  
Address: 9234 BAY DRIVE  
City-St-Zip: SURFSIDE, FL 33154

Title: AS ( ) Delete  
Name: LAURYN, DAWN M  
Address: 6829 SE 14TH LANE  
City-St-Zip: GAINESVILLE, FL 32641

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAWN M. LAURYN

AS

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date