

CORPORATE
ACCESS
INC.

FOI 0000001 749

2nd East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP 3/30/01 1:00

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MAR 30 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFIED COPY

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1.) Neural Engineering Clinic, Inc
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

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3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 30 AM 11:34
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SPECIAL INSTRUCTIONS

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3/30

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. **NEURAL ENGINEERING CLINIC, INC.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import
in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name
at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **MAINE**

(State or country under the law of which it is incorporated)

3. **01-0494502**

(FEI number, if applicable)

4. **DECEMBER 21, 1994**

(Date of Incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **MARCH 29, 2001**

(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. **330 HAMMOCK SHORE DRIVE, MELBOURNE BEACH, FLORIDA 32951**

(Principal office address)

330 HAMMOCK SHORE DRIVE, MELBOURNE BEACH, FLORIDA 32951

(Current mailing address)

8. **CONDUCT RESEARCH IN NEURAL ENGINEERING**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **ROSS DAVIS, M.D.**

Office Address: **330 HAMMOCK SHORE DRIVE**

MELBOURNE BEACH

(City)

, Florida **32951**

(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligations of my position as registered agent.*

Ross Davis

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the
jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROSS DAVIS, M.D.

Address: 330 HAMMOCK SHORE DRIVE, MELBOURNE BEACH, FLORIDA 32951

Vice Chairman: _____

Address: _____

Director: SANDRA EMMONS

Address: 76 EASTERN AVENUE, AUGUSTA, MAINE 04330

Director: JAMES MCKENDRY, M.D.

Address: 75 STONE STREET, AUGUSTA, MAINE 04330

B. OFFICERS

President: ROSS DAVIS, M.D.

Address: 330 HAMMOCK SHORE DRIVE, MELBOURNE BEACH, FLORIDA 32951

Vice President: N/A

Address: _____

Secretary: SANDRA EMMONS

Address: 76 EASTERN AVENUE, AUGUSTA, MAINE 04330

Treasurer: SANDRA EMMONS

Address: 76 EASTERN AVENUE, AUGUSTA, MAINE 04330

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Ross Davis*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROSS DAVIS, M.D. CHAIRMAN
(Typed or printed name and capacity of person signing application)

01 MAY 30 PM 3:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

I further certify that NEURAL ENGINEERING CLINIC is a duly organized nonprofit corporation without capital stock under the laws of the State of Maine and that the date of incorporation is December 21, 1994.

I further certify that said nonprofit corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said nonprofit corporation is a legally existing corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this twenty-eighth day of March 2001.



DAN GWADOSKY

Secretary of State

01 MAR 30 PM 3:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA