

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90041 031 ****70.00

DOCUMENT # F01000001749

1. Entity Name

NEURAL ENGINEERING CLINIC, INC.

Principal Place of Business

**330 HAMMOCK SHORE DRIVE
MELBOURNE BEACH FL 32951**

Mailing Address

**330 HAMMOCK SHORE DRIVE
MELBOURNE BEACH FL 32951**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0494502

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ROSS M.D.

**330 HAMMOCK SHORE DRIVE
MELBOURNE BEACH FL 32951**

Name

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

City

FL

Zip Code

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

Ross Davis, M.D.

01/05/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PCD
DAVIS, ROSS M.D.**
STREET ADDRESS **330 HAMMOCK SHORE DRIVE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
NAME **STD
EMMONS, SANDRA**
STREET ADDRESS **76 EASTERN AVE.**
CITY-ST-ZIP **AUGUSTA ME 04330**

TITLE ☐ Delete
NAME **D
MCKENDRY, JAMES M.D.**
STREET ADDRESS **330 HAMMOCK SHORE DRIVE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Director
MCKendry, James, M.D.**
STREET ADDRESS **PO Box 264,**
CITY-ST-ZIP **Manchester, ME, 04351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Ross Davis
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

Date

Daytime Phone #

*(321)
733-6580*

CR2E037 (9/01)