

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001749

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: NEURAL ENGINEERING CLINIC, INC.

## Current Principal Place of Business:

330 HAMMOCK SHORE DRIVE  
MELBOURNE BEACH, FL 32951

## New Principal Place of Business:

## Current Mailing Address:

330 HAMMOCK SHORE DRIVE  
MELBOURNE BEACH, FL 32951

## New Mailing Address:

FEI Number: 01-0494502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, ROSS MD  
330 HAMMOCK SHORE DRIVE  
MELBOURNE BEACH, FL 32951 US

## Name and Address of New Registered Agent:

DAVIS, ROSS MD  
330 HAMMOCK SHORE DRIVE  
MELBOURNE BEACH, FL, FL 32951 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: \_\_\_\_\_

02/05/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: DAVIS, ROSS M.D.  
Address: 330 HAMMOCK SHORE DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TREA ( ) Delete  
Name: VANSTEENBERG, INGRID  
Address: 331 COMMERCIAL ST/PO BOX 845  
City-St-Zip: ROCKPORT, ME 04856

Title: D ( ) Delete  
Name: DAVIS-HODGKINS, MEGAN PH.D.  
Address: 13545 111ST,  
City-St-Zip: FELLSMERE, FL 32948

## 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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSS DAVIS

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

Date