
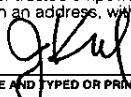


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90001 036 ***150.00

DOCUMENT # F02000003416					
1. Entity Name COMPREHENSIVE NEUROSCIENCE, INC.					
Principal Place of Business 21 BLOOMINGDALE ROAD, 8-N WHITE PLAINS, NY 10605			Mailing Address 21 BLOOMINGDALE ROAD, 8-N WHITE PLAINS, NY 10605		
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 13-4014869	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOCHERTY, JOHN P M.D.		NAME		
STREET ADDRESS	21 BLOOMINGDALE ROAD, 8-N		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10605		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SURLES, RICHARD		NAME		
STREET ADDRESS	21 BLOOMINGDALE ROAD, 8-N		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10605		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMUS, GARY		NAME	Treasurer + Secretary	
STREET ADDRESS	21 BLOOMINGDALE ROAD, 8-N		STREET ADDRESS	Jeffrey Kinell	
CITY-ST-ZIP	WHITE PLAINS, NY 10605		CITY-ST-ZIP	21 Bloomingdale Road	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	White Plains, NY 10605	
NAME	WAXMAN, ALBERT		NAME		
STREET ADDRESS	21 BLOOMINGDALE ROAD, 8-N		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWE, TIMOTHY		NAME		
STREET ADDRESS	21 BLOOMINGDALE ROAD, 8-N		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSER, MARVIN		NAME		
STREET ADDRESS	21 BLOOMINGDALE ROAD, 8-N		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10605		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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 914-997-4000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

54059165



06042004 Chg-P CR2E034 (10/03)