

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90010 042 \*\*\*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  
WHITE PLAINS, NY 10605

40038809



2. Principal Place of Business - No P.O. Box #  
21 BLOOMINGDALE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192007 Chg-P CR2E034 (12/06)

City & State  
WHITE PLAINS, NY

City & State

4. FEI Number  
13-4014869

Applied For  
Not Applicable

Zip  
10605

Country  
USA

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOCHERTY, JOHN P M.D. 21 BLOOMINGDALE ROAD WHITE PLAINS, NY 10605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SURLES, RICHARD 21 BLOOMINGDALE ROAD WHITE PLAINS, NY 10605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP BEAMER, THOMAS 21 BLOOMINGDALE ROAD WHITE PLAINS, NY 10605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WAXMAN, ALBERT 21 BLOOMINGDALE ROAD WHITE PLAINS, NY 10605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWE, TIMOTHY 21 BLOOMINGDALE ROAD, 8-N WHITE PLAINS, NY 10605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSER, MARVIN 21 BLOOMINGDALE ROAD, 8-N WHITE PLAINS, NY 10605	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Christopher P. Orlando*

CHRISTOPHER P. ORLANDO, VP, GC, Sec.

3/16/07 (914) 997-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40038809

# F620060083416

COMPREHENSIVE NEUROSCIENCE, INC.

2007

**Board of Directors**

1. Albert S. Waxman, Ph.D. (Chairman)
2. John P. Docherty, M.D.
3. David R. Dantzker, M.D.
4. Keith Dayton
5. Timothy Howe
6. Stephen M. Krupa
7. Marvin Moser, M.D.
8. John Wechsler

Addresses: 21 Bloomingdale Road  
White Plains, New York 10605

**Officers**

1. John P. Docherty, M.D., President & Chief Executive Officer
2. Richard Surles, Ph.D., Executive Vice President
3. Keith Dayton, Executive Vice President
4. Robert A. Lasser, M.D., Senior Vice President, Clinical Development Division
5. Joseph M. Milano, Senior Vice President and Chief Financial Officer
6. Regina Reale, Senior Vice President, Strategy & Corp. Development
7. Christopher P. Orlando, Esq., V.P., G.C. & Corporate Secretary

Addresses: 21 Bloomingdale Road  
White Plains, New York 10605