

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003416

FILED
Mar 27, 2009
Secretary of State

Entity Name: COMPREHENSIVE NEUROSCIENCE, INC.

Current Principal Place of Business:

21 BLOOMINGDALE ROAD
WHITE PLAINS, NY 10605

New Principal Place of Business:

Current Mailing Address:

21 BLOOMINGDALE ROAD
WHITE PLAINS, NY 10605

New Mailing Address:

FEI Number: 13-4014869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DOCHERTY, JOHN P M.D.
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: PD () Delete
Name: WECHSLER, JOHN
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D () Delete
Name: WAXMAN, ALBERT
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D () Delete
Name: HOWE, TIMOTHY
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D () Delete
Name: MOSER, MARVIN
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: SEC () Delete
Name: ORLANDO, CHRISTOPHER P SVP, GC
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WECHSLER, JOHN I
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D (X) Change () Addition
Name: DANTZKER, DAVID R M.D.
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D (X) Change () Addition
Name: HOWE, TIMOTHY
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D (X) Change () Addition
Name: KRUPA, STEPHEN M
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

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

SIGNATURE: CHRISTOPHER P. ORLANDO

SEC

03/27/2009

Electronic Signature of Signing Officer or Director

Date