Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000244813 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: I2000000195 Phone : (850)521-1000 : (850)558-1515 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN COMPREHENSIVE NEUROSCIENCE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	83 03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F0200000 <u>3416</u>				29			
	ALE OF	77					
1. C	Comprehensive Neuroscience, Inc.						
(Name of corp	oration as it appears	on the records of the	Department of State)	10 B	7		
2. Delaware	•	3.	07/02/20				
2. Incorporated under la			07/02/20 e authorized to do busin	ess in Holida)	,		
(4-7	SEC COMPLETE ONLY	CTION II THE APPLICABLE	CHANGES)				
4. If the amendment changes the name	of the corporation	on, when was the	change effected und	er the laws of			
its jurisdiction of incorporation?	Septemb	er 7, 2011					
5. Co (Name of corporation after the ame	mořehensive Ci	linical Developm	ent. Inc.				
appropriate abbreviation, if not co (If new name is unavailable in Flori business in Florida)				ose of transactin	g		
6. If the amendment changes the period	d of duration, ind	licate new period	of duration.				
· ·	(Net	w duration)					
7. If the amendment changes the juris	diction of incorpo	oration, indicate n	ew jurisdiction.				
	(Now	jurisdiction)	 				
8. Attached is a certificate or docume 90 days paper to delivery of the app having cuttod) of corporate record. (Signature of a director, president of a receiver or other court appoint			amendment, auther by the Secretary of of which it is incorp	iticated not more State or other of orated.	than Ticial		
Noah Franzbl (Typed or printed name of per	au son signing)		Senior VP / Secre (Title of person signif				

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COMPREHENSIVE

NEUROSCIENCE, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO "COMPREHENSIVE CLINICAL DEVELOPMENT, INC.", THE

SEVENTH DAY OF SEPTEMBER, A.D. 2011, AT 2:52 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

2914089 8320

111082488

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9080069

DATE: 10-07-11

You may verify this certificate online at corp.delaware.gov/authver.shtml