

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004770

Entity Name: NEOCYTEX BIOPHARMA, INC.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

PMB 129, 4250 ALAFAYA TRAIL  
SUITE 212  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 129, 4250 ALAFAYA TRAIL  
SUITE 212  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 20-5168758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAUDHARY, NILABH  
PMB 129, 4250 ALAFAYA TRAIL  
SUITE 212  
OVIEDO, FL 32765 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SUGAYA, KIMINOBU  
Address: PMB 129, 4250 ALAFAYA TRAIL, STE 212  
City-St-Zip: OVIEDO, FL 32765

Title: PHD  
Name: CHAUDHARY, NILABH  
Address: PMB 129, 4250 ALAFAYA TRAIL, STE 212  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: NILABH CHAUDHARY

DR.

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date