
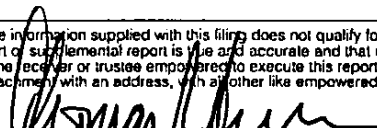


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90221 040 \*\*\*150.00

<b>DOCUMENT # F97000002453</b>					
1. Entity Name <b>CLINICAL STUDIES, LTD. INC.</b>					
Principal Place of Business <b>21 BLOOMINGDALE ROAD WHITE PLAINS, NY 10605 US</b>			Mailing Address <b>21 BLOOMINGDALE ROAD WHITE PLAINS, NY 10605 US</b>		
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 <b>52-2022424</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
8. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOCHERTY, JOHN 21 BLOOMINGDALE ROAD 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	TS KINELL, JEFFREY 21 BLOOMINGDALE ROAD WHITE PLAINS, NY 10605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VP FINANCE Thomas Beamer 21 BLOOMINGDALE Road White PLAINS, NY 10605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete	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 exemption stated in Section 119.07(3)(x), 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: 		SVP FINANCE 6/29/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			



ATTACHMENT

660025004

# F97 00002753

***Comprehensive NeuroScience, Inc.***

Florida Department of State  
Divisions of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

This letter is to inform you that Clinical Studies LTD. Inc. did not receive the 2005 for profit annual report. We filed it as soon as we received the postcard notifying us that it was late. We therefore request that late fee be waived and that the report already submitted be filed.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Thomas Beamer'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Thomas Beamer  
SR VP Finance



ATTACHMENT  
ATTACHMENT  
Division of Corporations

66625004

Annual Report

Annual Report Help

Document Number

F97000002453

Business Entity Name

CLINICAL STUDIES, LTD INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

522022424

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

21 BLOOMINGDALE ROAD

Suite, Apt. #, etc.

City, State

WHITE PLAINS

, NY

Zip Code & Country

10605

US

Mailing Address

Address

21 BLOOMINGDALE ROAD

Suite, Apt. #, etc.

City, State

WHITE PLAINS

, NY

Zip Code & Country

10605

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

NATIONAL CORPORATE RESEARCH, LTD.

Address (PO Box is not acceptable)

103 N. MERIDIAN STREET

Suite, Apt. #, etc.

City, State

TALLAHASSEE

, FL

Zip Code & Country

32301

US

If there is a change in registered agent, the new agent will need to type their name