

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H52886

FILED
Apr 22, 2008
Secretary of State

Entity Name: SOUTHEASTERN NEUROSCIENCE INSTITUTE, P.A.

Current Principal Place of Business:

3728 PHILLIPS HWY., STE #31
JACKSONVILLE, FL 32207

New Principal Place of Business:

3728 PHILLIPS HWY.
SUITE 32
JACKSONVILLE, FL 32207

Current Mailing Address:

3728 PHILLIPS HWY., STE #31
JACKSONVILLE, FL 32207

New Mailing Address:

3728 PHILLIPS HWY.
SUITE 32
JACKSONVILLE, FL 32207

FEI Number: 59-2520471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JACOB, M.D.
3728 PHILLIPS HIGHWAY / STE - 31
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

GREEN, JACOB, M.D.
3728 PHILLIPS HIGHWAY
SUITE 32
JACKSONVILLE, FL 32207 US

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:

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREEN, JACOB, M.D.,
Address: 3728 PHILLIPS HWY #31
City-St-Zip: JACKSONVILLE, FL 32207

Title: P (X) Delete
Name: LEON-BARTH, CARLAS MD
Address: 3728 PHILLIPS HWY #31
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GREEN, JACOB, M.D.,
Address: 3728 PHILLIPS HWY #32
City-St-Zip: JACKSONVILLE, FL 32207

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: JACOB GREEN, M.D., PH.D.

JG

04/22/2008

Electronic Signature of Signing Officer or Director

Date