2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69340

FILED Apr 14, 2008 Secretary of State

Entity Name: NEURODIAGNOSTIC SUPPORT SERVICE, INC.

Current Principal Place of Business: New Principal Place of Business:

652 NW 173 TERRACE 905 NW 180 AVE

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

PO BOX 822406

PEMBROKE PINES, FL 33082

FEI Number: 65-0109168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CABALLERO, PABLO 652 NW 173 TERRACE

652 NW 173 TERRACE 905 NW 180 AVE PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33029 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.

CABALLERO, PABLO

SIGNATURE: 04/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: NEURODIAGNOSTIC SUPP, ORT SERVICE, IN C . Name: NEURODIAGNOSTIC SUPP, ORT SERVICE, IN C .

Address: 652 NW 173 TERRACE Address: 905 NW 180 AVE

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

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: PABLO CABALLERO P 04/14/2008