

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044805

FILED
Jan 11, 2005
Secretary of State

Entity Name: NEURODEVELOPMENTAL SOLUTIONS, P.A.

Current Principal Place of Business:

3890 TAMPA ROAD
SUITE 301
PALM HARBOR, FL 34684 US

New Principal Place of Business:

1840 MEASE DRIVE
SUITE 319
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

P. O. BOX #105
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 59-3722560 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FINE, CAMILLE T PH.D.
P.O. BOX #105
PARRISH, FL 34219 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FINE, CAMILLE T PH.D.
Address: P.O. BOX #105
City-St-Zip: PARRISH, FL 34219 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAMILLE T. FINE, PH.D.

PRES

01/11/2005

Electronic Signature of Signing Officer or Director

Date