

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000044805

FILED  
Apr 28, 2003  
Secretary of State

**Entity Name:** NEURODEVELOPMENTAL SOLUTIONS, P.A.

**Current Principal Place of Business:**

4707 140TH AVENUE NORTH  
SUITE 211  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

4707 140TH AVENUE NORTH  
SUITE 211  
CLEARWATER, FL 33762 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.  
4707 140TH AVENUE NORTH  
SUITE 211  
CLEARWATER, FL 33762 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: 4707 140TH AVENUE NORTH; SUITE 211  
City-St-Zip: CLEARWATER, FL 33762 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

PS

04/28/2003

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

\_\_\_\_\_  
Date