

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111917

Entity Name: NEURO SERVICES, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

2089 SW RAQUET CLUB DR
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

2089 SW RAQUET CLUB DR
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-1149167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROUST, THOMAS P
2089 SW RAQUET CLUB DR
PALM CITY, FL 34990

Name and Address of New Registered Agent:

TROUST, THOMAS P
2081 SW RAQUET CLUB DR
PALM CITY, FL 34990

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: THOMAS TROUST

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TROUST, THOMAS P
Address: 2089 SW RAQUET CLUB DR
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: PAPINEAU, ELIZABETH A
Address: 2089 SW RAQUET CLUB DR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TROUST, THOMAS P
Address: 2081 SW RAQUET CLUB DR
City-St-Zip: PALM CITY, FL 34990

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: THOMAS TROUST

P

01/15/2004

Electronic Signature of Signing Officer or Director

Date