2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-21-2003 90371 009 ***150.00

DOCUMENT # P01000111917

1. Entity Name
NEURO SERVICES, INC.

Principal Place of Business
1086 SE ALBATROSS AVE.
PORT ST. LUCIE FL 34983

Mailing Address
1086 SE ALBATROSS AVE.
PORT ST. LUCIE FL 34983

2. Principal Place of Business		3. Mailing Address	
2081 SW RACQUET CLUB DR.		2081 SW RACQUET CLUB DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PALM CITY, FL.		City & State: PALM CITY, FL	
Zip: 34990	Country: MARTIN	Zip: 34990	Country: MARTIN

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1149167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROUST, THOMAS P
~~1086 SE ALBATROSS AVE.~~
~~PORT ST. LUCIE FL 34983~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TROUST, THOMAS P	NAME	
STREET ADDRESS	~~1086 SE ALBARTOSS AVE.~~ 2081 SW. RACQUET CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	~~PORT SAINT LUCIE FL 34983~~ PALM CITY, FL 34990	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PAPINEAU, ELIZABETH A 2081 SW. RACQUET CLUB DR.	NAME	
STREET ADDRESS	~~1086 SE ALBATROSS AVE.~~ PALM CITY, FL	STREET ADDRESS	
CITY-ST-ZIP	~~PORT SAINT LUCIE FL 34983~~ 34990	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] THOMAS TROUST 5/5/03 (772)283-5283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #