
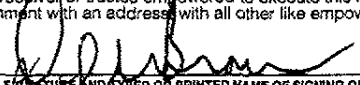


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000033720</b>		
1. Entity Name NEUROSENTINEL CORP.		
Principal Place of Business 3535 FAIR OAKS LANE LONGBOAT KEY, FL 34228		Mailing Address 1774 KYLEMORE CT. DAYTON, OH 45459
<b>DO NOT WRITE IN THIS SPACE</b>		
		04052004 No Chg-P CR2E034 (10/03)
4. FEI Number 42-1582677		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BROWN, BETH A 1219 EAST AVE., SOUTH STE. 104 SARASOTA, FL 34239		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		U000000117979 04/19/04-88842 062 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, BETH A 3535 FAIR OAKS LANE LONGBOAT KEY, FL 34228	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCGUINNIS, CHRISTINE 5835 MONTGOMERY RD CINCINNATI, OH 45212	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CTO MCGUINNIS, WILLIAM C PHD 5835 MONTGOMERY RD CINCINNATI, OH 45212	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD BROWN, DENNIS M M.D. 1774 KYLEMORE CT DAYTON, OH 45459	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/3/04 Daytime Phone #: 941-387-0756