

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000033720
 1. Entity Name
NEUROSENTINEL CORP.



Principal Place of Business Mailing Address
 3535 FAIR OAKS LANE 1774 KYLEMORE CT.
 LONGBOAT KEY, FL 34228 DAYTON, OH 45459

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
42-1582677 Not Applicable

5. Certificate of Status Desired **\$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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

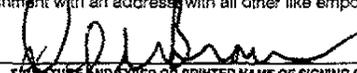
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 04/19/04-88842 062 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, BETH A
STREET ADDRESS	3535 FAIR OAKS LANE
CITY - ST - ZIP	LONGBOAT KEY, FL 34228
TITLE	VP
NAME	MCGUINNIS, CHRISTINE
STREET ADDRESS	5835 MONTGOMERY RD
CITY - ST - ZIP	CINCINNATI, OH 45212
TITLE	CTO
NAME	MCGUINNIS, WILLIAM C PHD
STREET ADDRESS	5835 MONTGOMERY RD
CITY - ST - ZIP	CINCINNATI, OH 45212
TITLE	MD
NAME	BROWN, DENNIS M M.D.
STREET ADDRESS	1774 KYLEMORE CT
CITY - ST - ZIP	DAYTON, OH 45459
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  Date: **4/3/04** Daytime Phone #: **941-387-0756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR