

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033720

1. Entity Name
NEUROSENTINEL CORP.



Principal Place of Business
1219 EAST AVENUE S., SUITE 104
SARASOTA, FL 34239

Mailing Address
1219 EAST AVENUE S., SUITE 104
SARASOTA, FL 34239



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1582677

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U00000348493
05/02/05-80027-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

(941) 330-9118

Date

Daytime Phone #