

P03000033720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

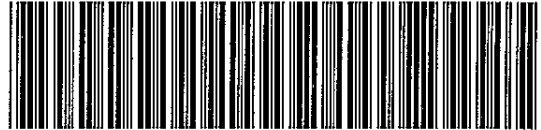
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800022681368

09/08/03--01084--014 \*\*35.00

FILED  
03 SEP -8 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. Ocullette SEP 12 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NeuroSentinel Corp. change of address  
(Name of corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis Brown, M.D.  
(Name of person)

NeuroSentinel Corp.  
(Name of firm/company)

1219 East Avenue South Suite 104  
(Address)

Sarasota, FL 34239  
(City/state and zip code)

For further information concerning this matter, please call:

Dennis Brown, M.D. at (937) 435-0099  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Neuro Sentinel Corp.
2. The principal office address: 3535 Fair Oaks Ln.  
Longboat Key, FL 34228
3. The mailing address (if different): ~~03/25/2003~~
4. Date of incorporation/qualification: 03/25/2003 Document number: P03000033720

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Beth Brown  
3535 Fair Oaks Ln.  
Longboat Key, FL 34228

6. The name and street address of the new ~~registered agent (if changed)~~ and /or registered office (if changed):

1219 East Avenue South Suite 104  
(P.O. Box or personal mailbox NOT acceptable)  
Sarasota, FL 34239

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board; or the corporation has been notified in writing of the change.

Dennis Brown, M.D.  
(Signature of an officer, chairman or vice chairman of the board)

Dennis Brown, M.D., Chief Science Officer  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Beth Brown  
(Signature of Registered Agent)

8/23/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314