

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90537 004 ***150.00

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1. Entity Name
CLINICAL NEUROLOGICAL SPECIALTIES, INC.



Principal Place of Business
430 MORTON PLANT ST., #400
CLEARWATER, FL 33756

Mailing Address
430 MORTON PLANT ST., #400
CLEARWATER, FL 33756

50046397



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0037409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VOLLBRACHT, ROBERT L
430 MORTON PLANT ST., #400
CLEARWATER, FL 33756

**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 D
NAME VOLLBRACHT, ROBERT L
STREET ADDRESS 8759 SILVERTHORNE RD.
CITY-ST-ZIP LARGO, FL 33777

TITLE D
NAME ARORA, AJAY K
STREET ADDRESS 3598 JUSTIN DR.
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE D
NAME POLLOCK, DIANA L
STREET ADDRESS 8 SUNSET BAY DR.
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE D
NAME ANDRIOLA, MICHAEL J
STREET ADDRESS 416 LOTUS PATH
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/05 (727) 443-3295
Date Daytime Phone #