

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064160

FILED
Jan 20, 2009
Secretary of State

Entity Name: CLINICAL NEUROLOGICAL SPECIALTIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0037409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VOLLBRACHT, ROBERT L
Address: 8759 SILVERTHORNE RD.
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: ARORA, AJAY K
Address: 3598 JUSTIN DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: POLLOCK, DIANA L
Address: 8 SUNSET BAY DR.
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: ANDRIOLA, MICHAEL J
Address: 416 LOTUS PATH
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. VOLLBRACHT, M.D.

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date