

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067993

FILED
Jan 17, 2009
Secretary of State

Entity Name: NEUROANALYTICS CORPORATION

Current Principal Place of Business:

3700 NW 91ST ST
C-200
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3700 NW 91ST ST
C-200
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 13-4264326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, CHARLES H
1918 SW 48TH AVE
GAINESVILLE, FL 32608 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: P () Delete
Name: MAUDERLI, ANDRE P
Address: 12139 PALMETTO WAY
City-St-Zip: DUNNELLON, FL 34432

Title: V () Delete
Name: CHARLES, GIBBS H
Address: 1918 SW 48TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: VIERCK, CHARLES J
Address: 9331 NW 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: DCOO () Delete
Name: GIBBS, CHRISTOPHER L
Address: 906 SW 101 ST
City-St-Zip: GAINESVILLE, FL 32607

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: CHRISTOPHER L. GIBBS

DCOO

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date