2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P03000144156

Entity Name: FORENSIC NEUROSCIENCE, INC.

Current Principal Place of Business:

1855 HIGHLAND GROVE DR
DELRAY BEACH, FL 33445

New Principal Place of Business:

551 NW 77TH ST
SUITE 100
BOCA RATON, FL 33487

Current Mailing Address:

1855 HIGHLAND GROVE DR
DELRAY BEACH, FL 33445

New Mailing Address:

22659 ESPLANADA CIRCLE WEST
BOCA RATON, FL 33433

FEI Number: 52-1928805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTELL, SUE E PHD
1855 HIGHLAND GROVE DR
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

ANTELL, SUE E PHD
22659 ESPLANADA CIRCLE WEST
BOCA RATON, FL 33433 US

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: 01/05/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANTELL, SUE E PHD.
Address: 1855 HIGHLAND GROVE DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST ( ) Delete
Name: FOREMAN, GERALD
Address: 1855 HIGHLAND GROVE DR
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANTELL, SUE E PHD.
Address: 22659 ESPLANADA CIRCLE WEST
City-St-Zip: BOCA RATON, FL 33433

Title: ST (X) Change ( ) Addition
Name: FOREMAN, GERALD
Address: 22659 ESPLANADA CIRCLE WEST
City-St-Zip: BOCA RATON, FL 33433

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: SUE E. ANTELL PRES 01/05/2009
Electronic Signature of Signing Officer or Director — Date