

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-11-2005 90183 050 ***150.00

DOCUMENT # P04000063042 1. Entity Name NEUROLOGICAL TESTING SERVICES CORP.					
Principal Place of Business 4621 SW FLINTSTONE DR. PORT ST. LUCIE, FL 34953			Mailing Address 4621 SW FLINTSTONE DR. PORT ST. LUCIE, FL 34953		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FFI Number 06-1723961	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FEELEY-CROWL, LINDA 4621 SW FLINTSTONE DR. PORT ST. LUCIE, FL 34953			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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)					
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		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FEELEY-CROWL, LINDA		NAME		
STREET ADDRESS	4621 SW FLINTSTONE DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CROWL, JAMES		NAME		
STREET ADDRESS	4621 SW FLINTSTONE DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 SIGNED OFFICER OR DIRECTOR		Date	Daytime Phone #
		LINDA FEELEY CROWL - PRESIDENT		7-05	772 343-768x

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