


**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90101 043 \*\*\*150 00

<b>DOCUMENT # P04000063042</b>				<b>Secretary of State</b> 01-22-2007 90101 043 ***150.00	
1. Entity Name <b>NEUROLOGICAL TESTING SERVICES CORP.</b>					
Principal Place of Business <b>4621 SW FLINTSTONE DR. PORT ST. LUCIE, FL 34953</b>		Mailing Address <b>4621 SW FLINTSTONE DR. PORT ST. LUCIE, FL 34953</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>06-1723961</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FEELEY-CROWL, LINDA 4621 SW FLINTSTONE DR. PORT ST. LUCIE, FL 34953</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 exemptions contained 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 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: <i>James Crowl</i>		Date: <i>1-19-07</i>		Daytime Phone #: <i>772-343-768</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					