

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063042

FILED  
Sep 03, 2010  
Secretary of State

**Entity Name:** NEUROLOGICAL TESTING SERVICES CORP.

**Current Principal Place of Business:**

4621 SW FLINTSTONE DR.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

113 GREAVES AVENUE  
STATEN ISLAND, NY 10308

**Current Mailing Address:**

4621 SW FLINTSTONE DR.  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

113 GREAVES AVENUE  
STATEN ISLAND, NY 10308

FEI Number: 06-1723961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEELEY-CROWL, LINDA  
4621 SW FLINTSTONE DR.  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

FEELEY-CROWL, LINDA  
113 GREAVES AVENUE  
STATEN ISLAND, NEW YORK, FL 10308 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:

Electronic Signature of Registered Agent

09/03/2010

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FEELEY-CROWL, LINDA  
Address: 113 GREAVES AVENUE  
City-St-Zip: STATEN ISLAND, NY 10308

Title: VP  
Name: CROWL, JAMES  
Address: 113 GREAVES AVENUE  
City-St-Zip: STATEN ISLAND, NY 10308

I hereby 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 all other like empowered.

SIGNATURE: JAMES SCOTT CROWL

VP

09/03/2010

Electronic Signature of Signing Officer or Director

Date