

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076308

FILED
Apr 30, 2008
Secretary of State

Entity Name: KENDALL NEUROLOGICAL SERVICES, INC.

Current Principal Place of Business:

11760 BIRD RD
306
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

11760 BIRD RD
306
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 80-0107049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-RIVERA, LUIS JR.
2706 ALT. U.S. 19 N.
223
PALM HARBOR, FL 34683 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: PD () Delete
Name: GARCIA-RIVERA, RICARDO
Address: 15720 SW 258TH STREET
City-St-Zip: HOMESTEAD, FL 330312036 US

Title: SEC () Delete
Name: CINTRON, JUSTIN H
Address: 4 LANTERN WAY
City-St-Zip: PORTSMOUTH, VA 237032255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: CINTRON, JUSTIN H
Address: 24 LANTERN WAY
City-St-Zip: PORTSMOUTH, VA 237032255

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: JUSTIN CINTRON

SEC

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date