

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082164

Entity Name: OPTIMA NEUROSCIENCE, INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

101 SE 2ND PLACE, SUITE 201-B  
GAINESVILLE, FL 32601

## New Principal Place of Business:

## Current Mailing Address:

101 SE 2ND PLACE, SUITE 201-B  
GAINESVILLE, FL 32601

## New Mailing Address:

FEI Number: 20-2971183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JEFFRIES, DAVID M  
101 E. KENNEDY BLVD., SUITE 3000  
TAMPA, FL 33602-588 US

## Name and Address of New Registered Agent:

JEFFRIES, DAVID M  
1227 NORTH FRANKLIN STREET  
TAMPA, FL 33602 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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALLEN, RICHARD R  
Address: 1110 NE 3RD ST  
City-St-Zip: GAINESVILLE, FL 32601

Title: S ( ) Delete  
Name: WARRINGTON, STEPHANIE  
Address: 16821 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: SACKELLARES, JAMES C DR.  
Address: 9841 SW 55TH ROAD  
City-St-Zip: GAINESVILLE, FL 32608

Title: P ( ) Delete  
Name: KERN, RYAN T DR.  
Address: 11116 NW 60TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: KURTZ, JON M  
Address: 1720 SW 55TH LANE  
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete  
Name: SHIAU, DENG-SHAN DR.  
Address: 8118 SW 51ST BOULEVARD  
City-St-Zip: GAINESVILLE, FL 32608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: RYAN T. KERN

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date