

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037677

FILED
Apr 15, 2008
Secretary of State

Entity Name: COGNITIVE NEURO SCIENCES, INC.

Current Principal Place of Business:

5201 W. KENNEDY BLVD.,
SUITE 615
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5201 W. KENNEDY BLVD.,
SUITE 615
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-4741865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P.
2907BAY TO BAY BLVD., STE. 201
TAMPA, FL 33629 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: D () Delete
Name: PARR, VINCENT E. PHD
Address: 5201 W. KENNEDY BLVD., STE. 708
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: CURA, LEANNE K. MA
Address: 5201 W. KENNEDY BLVD., STE. 708
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: LAMBOS, WILLIAM A. PHD
Address: 5201 W. KENNEDY BLVD., STE. 708
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: STARK, CHARLES R M.D.
Address: 5201 W. KENNEDY BLVD. SUITE 615
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CURA, LEANNE K. MA
Address: 5201 W. KENNEDY BLVD., STE. 615
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: LAMBOS, WILLIAM A. PHD
Address: 5201 W. KENNEDY BLVD., STE. 615
City-St-Zip: TAMPA, FL 33609

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: LEANNE K. CURA

D

04/15/2008

Electronic Signature of Signing Officer or Director

Date