2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000012700

Entity Name: NEURO PROTECTIVE SERVICES OF FLORIDA, INC.

FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
3724 EXECUTIVE CENTER DRIVE SUITE 163 AUSTIN, TX 78731		6817 SOUTHPOINT PARKWAY SUITE #701 JACKSONVILLE, FL 32216		
Current N	lailing Address:	New Mailing Address:		
3724 EXECUTIVE CENTER DRIVE SUITE 163 AUSTIN, TX 78731		6817 SOUTHPOINT PARKWAY SUITE #701 JACKSONVILLE, FL 32216		
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	Name and Address of New Registered Agent:	
309 NÓRT PONTE VI	REGORY E TH SEA LAKE DRIVE EDRA, FL 32082 US named entity submits this statement for th	e purpose of changing its registered office or registered agent, or both	٦,	
	e of Florida.		,	
SIGNATUI	RE:Electronic Signature of Registered A	ngent Date	-	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete PETIPRIN, CHRISTOPHER M 3724 EXECUTIVE CENTER DRIVE SUITE 163 AUSTIN, TX 78731	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () Delete SCHIFF, JON S 3724 EXECUTIVE CENTER DRIVE SUITE 163 AUSTIN, TX 78731	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name:	D () Delete SMITH, GREGORY E	Title: () Change () Addition Name:		

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.

Address:

City-St-Zip:

SIGNATURE: JON SCHIFF D 02/22/2008

3724 EXECUTIVE CENTER DRIVE SUITE 163

AUSTIN, TX 78731

Address:

City-St-Zip: