

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000004090

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** NEUROESTIMULATION INTERNATIONAL, CORP

**Current Principal Place of Business:**

10030 NW 44 TERR  
STE 107  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10030 NW 44 TERR  
STE 107  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 27-5407761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, IDOLFREDO J  
6045 NW 87 AVE  
STE 1  
DORAL, FL 33178 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HERNANDEZ, IDOLFREDO J  
Address: 10030 NW 44 TERR STE 107  
City-St-Zip: DORAL, FL 33178

Title: D  
Name: BOLIVAR, CLAUDIA  
Address: 10030 NW 44 TERR STE 107  
City-St-Zip: DORAL, FL 33178

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: IDOLFREDO HERMANDEZ

IDOL

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date