

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000068306

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** CENTER FOR NEUROSOMATIC STUDIES, INC.

**Current Principal Place of Business:**

13700 58TH STREET N., SUITE 205  
CLEARWATER, FL 33760

**New Principal Place of Business:**

13825 ICOT BLVD  
SUITE 604  
CLEARWATER, FL 33760

**Current Mailing Address:**

13700 58TH STREET N., SUITE 205  
CLEARWATER, FL 33760

**New Mailing Address:**

13825 ICOT BLVD  
SUITE 604  
CLEARWATER, FL 33760

**FEI Number:** 45-3974945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARK, RANDALL  
13700 58TH STREET N., SUITE 205  
CLEARWATER, FL 33760 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: D  
Name: CLARK, RANDALL  
Address: 13700 58TH STREET N., SUITE 205  
City-St-Zip: CLEARWATER, FL 33760

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: RANDALL CLARK

MR

04/11/2012

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

\_\_\_\_\_  
Date