2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000070220 CITRUS NEUROSCIENCE INSTITUTE, P.A.



FILED Mar 08, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

5596 W. NORVELL BRYANT HWY. CRYSTAL RIVER, FL 34429

P.O. BOX 207

CRYSTAL RIVER, FL 34423-0207



DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FE) Number 65-0441701

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

PARIKH, BHARAT V 5596 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER, FL 34423-0207

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8.	. 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. It am familiar with, and accept
	the obligations of registered agent.

Signature, typed or printed name of registered agent and title it applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

HHUUUN460633 03/20/06-60019-004 150,00

_10.	OFFICERS AND DIRECTORS
THLE NAME STREET ADDRESS CITY-ST-ZIP	D PARIKH, BHARAT V P.O. BOX 207 N/A CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	
TITLE NAME STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or prector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR