

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009724

Entity Name: NEUROMETRICS, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

205 JOHN F. KENNEDY DR.
SUITE B
ATLANTIS, FL 33462

New Principal Place of Business:

1926 10TH AVE. NORTH
SUITE 105
LAKE WORTH, FL 33461

Current Mailing Address:

205 JOHN F. KENNEDY DR.
SUITE B
ATLANTIS, FL 33462

New Mailing Address:

1926 10TH AVE. NORTH
SUITE 105
LAKE WORTH, FL 33461

FEI Number: 65-0639125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA PA
1840 SW 22 STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JEFF COHEN, ESQ
54 NE 4TH AVE
DELRAY BEACH, FL 33483 US

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: JEFF COHEN

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ZIPPAY, CATHLEEN A
Address: 205 JOHN F. KENNEDY DR.
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: SHLAMOWITZ, JOAN
Address: 205 JOHN F. KENNEDY DR.
City-St-Zip: ATLANTIS, FL 33462

Title: VTD () Delete
Name: SHLAMOWITZ, MORRIS A MD
Address: 205 JOHN F. KENNEDY DR.
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MORRIS SHLAMOWITZ

VTD

01/03/2007

Electronic Signature of Signing Officer or Director

Date