

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037216

Entity Name: NEURO-STAT DIAGNOSTICS, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 1352
PALM HARBOR, FL 34682 US

New Principal Place of Business:

4812 FAIRLOOP RUN
LEHIGH ACRES, FL 33971 US

Current Mailing Address:

PO BOX 1352
PALM HARBOR, FL 346821352 US

New Mailing Address:

4812 FAIRLOOP RUN
LEHIGH ACRES, FL 33971 US

FEI Number: 59-3445104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCINLARI, NICK
1774 BIARRITZ CIRCLE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

SCINLARI, NICK
4812 FAIRLOOP RUN
LEHIGH ACRES, FL 33971 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:

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCINLARI, NICK
Address: PO BOX 1352
City-St-Zip: PALM HARBOR, FL 346821352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCINLARI, NICK
Address: 4812 FAIRLOOP RUN
City-St-Zip: LEHIGH ACRES, FL 33971

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.

SIGNATURE: NICK SCINLARI

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date