

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055908

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** SUNCOAST NEUROSCIENCE ASSOCIATES, INC.

**Current Principal Place of Business:**

601 7TH ST., S.  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

2201 CENTRAL AVE  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

601 7TH ST., S.  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

2201 CENTRAL AVE  
ST. PETERSBURG, FL 33713

**FEI Number:** 59-3453880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, STEVEN  
601 7TH STREET SOUTH  
ST. PETERSBURG, FL 33701 US

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

COHEN, STEVEN R DR.  
2201 CENTRAL AVE  
ST. PETERSBURG, FL 33713 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:** STEVEN R COHEN

03/24/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** VASQUEZ, ALBERTO B  
**Address:** 2201 CENTRAL AVE  
**City-St-Zip:** ST. PETERSBURG, FL 33713

**Title:** P  
**Name:** COHEN, STEVEN R  
**Address:** 2201 CENTRAL AVE  
**City-St-Zip:** ST. PETERSBURG, FL 33713

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:** STEVEN R. COHEN

PRES

03/24/2010

Electronic Signature of Signing Officer or Director

Date