

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038200

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: PROFESSIONAL NEURODIAGNOSTICS, INC.

**Current Principal Place of Business:**

15598 BEDFORD CIR W  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

15598 BEDFORD CIR W  
CLEARWATER, FL 33764 US

**New Mailing Address:**

FEI Number: 59-3510413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'CONNOR, PATRICK M  
2240 BELLEAIR ROAD STE. 160  
CLEARWATER, FL 33764 US

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

O'CONNOR, PATRICK M  
1250 S. BELCHER ROAD  
SUITE 160  
LARGO, FL 33771 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:

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HENKEL, CAROLINE A  
Address: 15598 BEDFORD CIRCLE WEST  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Section 119.07(3)(i), 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: CAROLINE A. HENKEL

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date