

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000036930**1. Entity Name  
CLINICAL NEUROSCIENCE SOLUTIONS, P.A.

## Principal Place of Business

1200 KUHLE AVENUE

ORLANDO  
32806

FL

## Mailing Address

1200 KUHLE AVENUE

ORLANDO  
32806

FL

## 2. Principal Place of Business

5401 S. KIRKMAN RD.

Suite, Apt. #, etc.  
SUITE 480

## City &amp; State

ORLANDO

FL

Zip  
32819

Country

## 3. Mailing Address

5401 S. KIRKMAN RD.

Suite, Apt. #, etc.  
SUITE 480

## City &amp; State

ORLANDO

FL

Zip  
32819

Country

## 4. FEI Number

59-3602109

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

WEST SCOTT A.M.D.  
1200 KUHLE AVENUEORLANDO FL  
32806 US

## 7. Name and Address of New Registered Agent

## Name

WEST SCOTT A.M.D.

Street Address (P.O. Box Number is Not Acceptable)  
5401 S. KIRKMAN RD.

SUITE 480

City  
ORLANDO

FL

Zip Code  
32819

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.

SIGNATURE \_\_\_\_\_ 04/30/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	STANTON SEAN	
STREET ADDRESS	77 UNDERWOOD ST. 3RD FLOOR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEST SCOTT	
STREET ADDRESS	77 UNDERWOOD ST. 3RD FLOOR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON SEAN	
STREET ADDRESS	5401 S. KIRKMAN RD. SUITE 480	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST SCOTT	
STREET ADDRESS	5401 S. KIRKMAN RD. SUITE 480	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT WEST

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)