

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90011 038 ***150.00

01/04/01 AV

DOCUMENT # P99000036930

1. Entity Name

CLINICAL NEUROSCIENCE SOLUTIONS, INC.

Principal Place of Business

**5401 S. KIRKMAN RD.
SUITE 480
ORLANDO FL 32819**

Mailing Address

**5401 S. KIRKMAN RD.
SUITE 480
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3602109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, SCOTT A M.D.
5401 S. KIRKMAN RD., STE. 480
ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WEST, SCOTT**
STREET ADDRESS **5401 S. KIRKMAN RD., SUITE 480**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **STANTON, SEAN**
STREET ADDRESS **5401 S. KIRKMAN RD., SUITE 480**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

08. SCOTT WEST

4/5/02

407-903-1488

CR2E034 (9/01)