


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000036930 1. Entity Name CLINICAL NEUROSCIENCE SOLUTIONS, INC.	
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Principal Place of Business 5401 S. KIRKMAN RD. SUITE 480 ORLANDO, FL 32819	Mailing Address 5401 S. KIRKMAN RD. SUITE 480 ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WEST, SCOTT A M.D. 5401 S. KIRKMAN RD., STE. 480 ORLANDO, FL 32819

04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3602109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

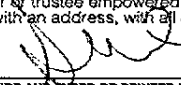
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000121769 04/21/04-80002-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEST, SCOTT 5401 S. KIRKMAN RD., SUITE 480 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STANTON, SEAN 5401 S. KIRKMAN RD., SUITE 480 ORLANDO, FL 32819
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Scott WEST** 4-19-04 907-903-1680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____