

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036930

FILED
Feb 07, 2006
Secretary of State

Entity Name: CLINICAL NEUROSCIENCE SOLUTIONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3602109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEST, SCOTT
Address: 5401 S. KIRKMAN RD., SUITE 480
City-St-Zip: ORLANDO, FL 32819

Title: V () Delete
Name: STANTON, SEAN
Address: 5401 S. KIRKMAN RD., SUITE 480
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: SCOTT WEST

P

02/07/2006

Electronic Signature of Signing Officer or Director

Date