

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21945

FILED  
Mar 11, 2005  
Secretary of State

Entity Name: GLADES NEUROLOGICAL TESTING SERVICES, INC.

## Current Principal Place of Business:

5458 TOWN CENTER ROAD  
SUITE 22  
BOCA RATON, FL 33486 US

## New Principal Place of Business:

## Current Mailing Address:

5458 TOWN CENTER ROAD  
SUITE 22  
BOCA RATON, FL 33486 US

## New Mailing Address:

FEI Number: 65-0232649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESRIG, KENNETH  
5458 TOWN CENTER RD 24  
MIST HEALTH CARE SERVICES  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

CARMAN, DEBORAH A  
165 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432 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: DEBORAH A CARMAN

03/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: ESRIG, KENNETH N.  
Address: 5458 TOWN CENTER ROAD #22  
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete  
Name: ESRIG, MICHELLE  
Address: 2235 PARKSIDE ST  
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Delete  
Name: ESRIG, STEPHANIE  
Address: 2235 PARKSIDE ST  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: SONBERG, ARTHUR R  
Address: 5458 TOWN CENTER ROAD #22  
City-St-Zip: BOCA RATON, FL

Title: PDS (X) Change ( ) Addition  
Name: BANCHIK, LISA I  
Address: 2235 PARKSIDE ST  
City-St-Zip: BOCA RATON, FL 33486

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: LISA I BANCHIK

PDS

03/11/2005

Electronic Signature of Signing Officer or Director

Date