2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

. ANNUAL REPORT						
DOCUMENT # S27716 1. Entity Name NEUROSCIENCE DX, INC.						
Principal Place of Business 4627 CHANCELLOR ST PETERSBURG, FL 33703 US	Mailing Address P.O. BOX 7241 SAINT PETERSBURG, FL 3373	4 US				



DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NARUNS, GEORGE M 2081 CAROLINA AVE. N.E. ST. PETERSBURG, FL 33703

DO NOT WRITE IN THIS SPACE

8 The above	named entity submits this statement for the r	nurnose of changing its registe	ared office or rec	ristered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
	tions of registered agent	without or enauging its registe	and office of ref	gistored agent. Or be	min and diale of Florida - Familiannia mill, and accept	
CURLATURE						
SIGNATURE_	Signature, typeo or printed name of registered agent and title	r applicable (NOTE Register	ered Agent signature re	equired when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Efection Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NARUNS, GEORGE M 2081 CAROLINA AVE N.E. ST. PETERSBURG, FL 33703					
TITLE NAME STREET ADDRESS CHY-SI-ZIP					U00000742572 05/15/07-80071-015 150.00	
THLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	pertify that the information supplied with this file on this report or supplemental report is true a	fing does not qualify for the ex	xemptions conta	ained in Chapter 119	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director	

12. Increby certify that the information supplied with this fitting does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the original 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GEORGE M. Nakun

4/26/07